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Occupational Justice Concerns for Muslim Refugees in the United States

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**OCCUPATIONAL JUSTICE CONCERNS FOR MUSLIM REFUGEES IN THE
UNITED STATES**

By

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Advisor: Breann Lamborn, MPA

An Independent Study

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

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APPROVAL PAGE

This Independent Study Paper, submitted by Emily Adams and Megan Peterson in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Breann C. Lamborn, MFA

Signature of Faculty Advisor

April 20, 2018

Date

PERMISSION

Title: Occupational Justice Concerns for Muslim Refugees in the U.S.

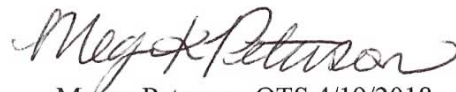
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Emily Adams, OTS 4/19/2018



Megan Peterson, OTS 4/19/2018

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ABSTRACT

Background: Individuals are being displaced at alarming rates and many are from countries with a Muslim majority. Countries are beginning to study the effects of trauma and displacement on quality of life for refugees. The United States however, is lacking in studies involving health care, quality of life, and occupational justice concerns with Muslim refugees.

Objectives: To identify the experiences of Muslim refugees resettling in the United States and the resulting occupational justice issues, using Occupational Perspective of Health (Wilcock & Hocking, 2015) as an overarching theory.

Methods: Participants were obtained through convenience and snowball sampling. Participants had to be classified as a refugee and self-identify as Muslim to be included in the study. Each participant was interviewed twice utilizing a semi-structured interview with an interpreter as needed. Interviews were recorded, transcribed and coded into themes.

Results: A total of 5 individuals participated. Four themes emerged from the study.

Doing represents the daily aspects of the participants' lives, and the activities they are able or unable, due to barriers, to participate in. *Being Muslim in America* describes the identity of the participants as Muslim refugees and American together. The third theme, *Do I belong?*, describes conflicting feelings of belonging and not belonging.

Discrimination was a main factor in making the participants feel as they were "other".

The final theme, *Becoming*, underlines how the occupations of resettling and

transitioning to American life have changed the participants. **Conclusion:** Refugees have many stressors in resettlement. Financial difficulties and language barrier were the largest

issues. Having institutional and social support can make the transition easier. However, more research needs to be conducted to fully understand the effects of resettlement on the occupational wellbeing of Muslim refugees in the U.S. and how to combat these issues.

Significance: Due to increasing number of refugees worldwide, it is imperative that the United States government understand the difficulties these refugees face when resettling. Occupational therapists can be utilized in resettlement to address many of these issues.

CHAPTER I

INTRODUCTION

Background

The world is in turmoil. Currently, countries around the world are experiencing the highest levels of displaced persons on record. An estimated 66 million people have been forced to leave their homes, and there are currently over 22 million refugees worldwide as of 2016 (United Nations High Commissioner for Refugees [UNHCR], 2016, para.1). While people are being displaced all over the world, Connor and Krogstad (2016) identified that 1 in 20 people living in the Middle East are displaced, accounting for roughly 6% of the Middle Eastern population (p. 3). The authors reported that approximately half of the world's refugees in 2015 could be traced to Syria, Afghanistan, and Iraq (Connor & Krogstad, 2016, p. 3). Of the total number of refugees that were accepted into the United States in 2016, nearly half, 46%, are Muslim (Connor & Krogstad, 2016, p. 7).

People are being displaced at alarming rates, and many of these people are from countries with a Muslim majority population. The world is taking notice of this rise in displacement, and many countries are beginning to study the effects of trauma and migration on quality of life for their new immigrants. The United States, however, is lacking in studies involving health care, quality of life, and occupational justice concerns for Muslim refugees. Currently, the majority of studies involving refugees are generated from Australia, Canada, and Northern Europe.

Occupational therapist Ann Wilcock developed the theory of Occupational Justice, explaining that participation in occupations is a right of all people (Bailliard, 2016). Occupational justice concerns occur when individuals are unable to participate in needed occupations due to alienation, deprivation, marginalization, and/or imbalance (Bailliard, 2016). The Occupational Perspective of Health is a theory to use alongside occupational justice to determine which aspects of occupation are affected (Wilcock & Hocking, 2015). When humans are displaced, they experience a shift in environment and norms that can affect their occupations.

Statement of Problem:

There is little evidence regarding the occupational experience of Muslim refugees in the United States during and after their resettlement process.

Assumption:

According to Saadi, Bond, and Percac-Lima (2012), Arab refugees are a population that is severely understudied in terms of healthcare barriers and health prevention. Not only Muslim refugees, but the Muslim population in the United States at large, is one of the least studied ethnic groups in the United States in terms of healthcare inequalities, cultural competence in their care, and patient-centered care (Ezenkwele & Roodsari, 2013). The world is experiencing a rise in displaced persons, many from an Islamic background. It is essential that our healthcare system and society adapts to meet the needs of this new clientele. Occupational therapy has a strong opportunity to help with transition, re-establishing roles, overcoming trauma, and finding satisfaction and a

quality life for those persons who have been displaced. More research needs to be completed to help improve the condition of refugees entering our healthcare system and the larger society.

CHAPTER II

REVIEW OF LITERATURE

In order to understand the occupational concerns facing Muslim refugees, we must identify and define the theories from which we structure our inquiry. The occupation behavioral model used as a framework and conceptual map for this research study is the Occupational Perspective of Health, developed by Ann Wilcock and Claire Hocking (Wilcock & Hocking, 2015). There are four concepts, *doing*, *being*, *becoming*, and *belonging*, that represent the possible meanings that are given to occupations throughout a person's life (Wilcock & Hocking, 2015, p. 134). *Doing* "embraces the doing of...occupations" (Wilcock & Hocking, 2015, p. 135). Each individual engages in occupations based on their skills, environment, interests, and roles (Wilcock & Hocking, 2015). *Being* is described as a personal aspect of occupation that includes "regular time for stillness and reflection", and that "embraces the thoughtful and restful facets of doing" (Wilcock & Hocking, 2015, p. 135). *Being* also includes rest and sleep (Wilcock & Hocking, 2015). Wilcock and Hocking (2015) explain that occupation can influence human development, through the aspect of occupation called *becoming*, and includes becoming more knowledgeable on a subject or completing a goal (Wilcock & Hocking, 2015). The final term in the framework is *belonging*, which was added to the framework by Claire Hocking in 2007 (Hutch, Pépin, & Stagnitti, 2014; Wilcock & Hocking, 2015). *Belonging* is the connection to others that one experiences during occupation (Wilcock & Hocking, 2015). It can also include shared occupations (Wilcock & Hocking, 2015).

Muslim refugees have experienced a shift in environment, which can change the occupations in which they participate. Therefore, they may not be able to participate in the occupations that previously fulfilled their needs for doing, being, becoming, and belonging. It is important to look at all four aspects to determine which are most affected by resettlement in the United States, and which changes are due to resettlement and/or occupational justice issues.

Occupational justice has been argued as a fundamental part of occupational therapy (Bailliard, 2016; Nilsson & Townsend, 2010). There are four types of occupational injustice; these include *occupational deprivation*, *occupational alienation*, *occupational imbalance*, and *occupational marginalization* (Nilsson & Townsend, 2010). Using the Occupational Perspective of Health, occupational injustices occur when there is an occupational imbalance (Wilcock & Hocking, 2015). An occupational imbalance occurs when there are barriers to participation in valued occupations, including having too much or too little to do (Wilcock & Hocking, 2015).

In order to understand the difficulties facing Muslim refugees, terms need to be defined. According to the United Nations High Commissioner for Refugees (UNHCR), a refugee is defined as “someone who has been forced to flee his or her country because of persecution, war, or violence” (UNHCR, 2016, para. 1). Refugees can be persecuted due to religion, race, political opinion, nationality, or membership in a particular social group (UNHCR, 2016, para. 1). *Muslim* is defined as either someone who adheres to the religion Islam, or who identifies as a Muslim culturally.

Diversity in Muslim Faith

As mentioned previously, the word *Muslim* is defined as a person who practices Islam or identifies culturally as a “Muslim.” This definition encompasses people from many different cultures throughout the world who have additional identities, such as being Muslim and African. According to the Center for the Education of Women at The University of Michigan (2016), the countries that comprise the Islamic world and have a Muslim majority population are as follows: Afghanistan, Albania, Algeria, Azerbaijan, Bahrain, Bangladesh, Brunei, Burkina Faso, Chad, Comoros, Djibouti, Egypt, Guinea, Indonesia, Iran, Iraq, Jordan, Kazakhstan, Kosovo, Kuwait, Kyrgyzstan, Lebanon, Libya, Malaysia, Maldives, Mali, Mauritania, Mayotte, Morocco, Niger, Nigeria, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Senegal, Sierra Leone, Somalia, Sudan, Syria, Tajikistan, The Gambia, Tunisia, Turkey, Turkish Republic of Northern Cyprus, Turkmenistan, United Arab Emirates, Uzbekistan, Western Sahara, and Yemen (p. 1). These nations are part of Africa, Asia, the Middle East, and Eastern Europe. This list is not exhaustive and does not include Muslim communities that live inside of countries with a different religious majority. Thus, it is vital to understand that Muslim culture is diverse. Muslims speak a variety of languages and have a variety of cultural norms.

According to Eltaiba (2014), it is important not to assume to know a client’s culture, including their religiosity. It is necessary to ask a client about their culture, norms, and what is comfortable for them regarding their healthcare. Establishing trust with your clients and realizing that their level of religiosity varies based on the person

and their adherence to Islamic traditions is important. For example, one norm in Muslim culture is that each gender prefers to work with their own gender and may be uncomfortable working with the opposite sex. In reality, Muslim men may not identify as strongly with the same sex preference traditionally indicated in the practice of Islam (Eltaiba, 2014).

Another aspect that affects the diversity of the Muslim community is war and conflict, which impacts Muslim customs and identity (Abdi, 2007). Abdi (2007) viewed the civil war and conflict in Somalia as a variable that increased patriarchy, and physical and psychological violence against women. As a result of the Somali civil war, there has been an increase in piety in this community to cope with the surrounding violence, including an increase in conservative interpretations of Islam (Abdi, 2007). These interpretations are highly preoccupied with women and their sexuality. Conservative Muslims see women as a source of immorality and believe if adherence to Muslim laws and traditions grows stronger, there will be a stronger bond with Allah and violence will naturally subside (Abdi, 2007). Abdi (2007) explains that during times of war, social norms are turned upside-down, which in turn increases radical Islamic practice. This example demonstrates why Muslim culture should be viewed as diverse. The cultures affected by war and trauma tend to be more conservative than their counterparts (Abdi, 2007).

Conservative versus liberal Islam can also be seen amongst immigrant populations when they arrive in their host country. Whittaker, Hardy, Lewis, and Buchan

(2005) discussed that in general, recent Muslim immigrants to a host country hold more conservative beliefs, whereas the individuals who have been in the host country longer tend to hold more Western beliefs. It is therefore important to note that there is great diversity among the world's Muslim populations (Inhorn & Djerour, 2011) and each has their own identity. It is important to ask Muslim clients how closely they identify with standard Muslim cultural norms (Bailliard, 2016).

Traditions and Cultural Beliefs

According to Lipka (2017), there are currently 3.35 million Muslims in the United States. Islam is the world's fastest growing religion (Lipka, 2017; Yosef, 2008) and Muslim Americans are one of the least studied ethnic groups in the United States in terms of healthcare (Ezenkwele & Roodsari, 2013). Therefore, the U.S. healthcare system is going to come into close contact with Muslim individuals in the near future. Thus, it is important to note traditional lifestyles practiced by Muslims throughout the world to better understand religious norms and Muslim culture. According to Ezenkwele and Roodsari (2013), the culture surrounding Islam typically values politeness, social interactions, loyalty to family, and respect for elders. Gender roles can also be an important factor to identity in the Muslim faith, where women typically take on caring for the home and child rearing (Ezenkwele & Roodsari, 2013). In many instances, there is a separation of gender amongst the community, and many Muslims only associate with members of the opposite gender when they interact with close family. Males have a powerful influence in women's lives and are typically involved in decision making and

healthcare (Ezenkwele & Roodsari, 2013). Gender norms, however, strongly vary and depend on acculturation (Ezenkwele & Roodsari, 2013). Modesty is important for both males and females, which includes the cultural practice of women wearing a hijab to cover their hair. In addition to cultural dress, the majority of Muslims practice Halal, which establishes permitted food and drink, and is a specific way to prepare meat (Ezenkwele & Roodsari, 2013).

Yosef (2008) described the way of life for most Muslims as “Islamic rule”, or the “submission to the will of God.” (p. 285). Most Muslims believe that Islam gives instruction for any component of daily life including praying, eating, marriage, birth, and death. Islam is not viewed as a compartmentalized religious practice, but instead is viewed as a part of daily life (Yosef, 2008). Yosef (2008) discussed the five pillars of Islam, which include prayer five times a day, giving to the poor, fasting for Ramadan, announcement of faith, and Hajj or pilgrimage to Mecca, the holy city. Typical traditions associated with Muslim prayer are ritually cleansing oneself before prayer, praying five times a day towards Mecca, and completing prayer in a peaceful, neutral space (Yosef, 2008). Norms associated with fasting, following a lunar calendar, and observing the holiday of Ramadan, can occur in any of the four seasons (Yosef, 2008). When participating in Ramadan, Muslims do not partake in eating, drinking, smoking, or sexual relations while the sun is up (Yosef, 2008).

Yosef (2008) described a typical Muslim diet as consisting of abstaining from pork or alcohol, because these substances are seen as “unclean.” Halal meat, in which the

animal was prayed over before slaughter and drained of blood, is also a norm. In addition to diet, exercise is an important part of Muslim culture. The prophet Muhammad advocated for walking often and working with your hands, placing importance on physical activity (Yosef, 2008). To reiterate, these are typical norms associated with Muslim culture, but practice of Islam and adherence to the principles may vary.

Allah and Health

When analyzing Muslim beliefs, it is important to look at the importance of Allah and how belief in Allah affects illness and healing. According to Morioka, Douglas, Sacks and Yeo (2004), prayer to Allah is an important part in healing from illness. Prayer is viewed as being good for the health and reading the Qur'ān when ill is viewed as similar to taking medication for an illness. Many in the Muslim community see disease as coming from Allah or human carelessness (Morioka et al., 2004) because Allah is the creator of events and Islam is seen as a solution to life's events and problems (Eltaiba, 2014; Omeri, Lennings, & Raymond, 2004).

Some Muslims may feel that the unwanted emotions they experience are weaknesses to be overcome by strength of the human spirit (Whittaker, Hardy, Lewis, & Buchan, 2005). In addition to beliefs about physical illness, many Muslims believe the cause of mental illness is a direct result of a person's relationship with God (Ai, Tice, Huang, & Ishisaka, 2005; Strzelecki, 2009). Mental illness is viewed as a punishment or destiny from Allah; strengthening the relationship with Allah can positively impact mental health (Eltaiba, 2014). In conjunction with this belief, many Muslims believe one

should read the Qur'ān for assistance during emotional struggles (Ai, Tice, Huang, & Ishisaka, 2005; Omeri et al., 2004). Islamic norms proscribe keeping feelings private and trusting in Allah to assist in overcoming negative feelings (Ai et al., 2005; Strzelecki, 2009).

According to Omeri et al., (2004), coping using religion can have positive or negative consequences. People who feel intrinsically connected to religion, and practice whole commitment of themselves to a faith practice, have a more positive well-being, whereas people who practice religion for the extrinsic benefits, such as provision of protection and becoming part of the majority group, tend to have a more negative well-being (Omeri et al., 2004).

Whittaker, Hardy, Lewis, and Buchan (2005) researched Somali Muslim communities and found that many people practiced the Muslim faith personally and with their families, rather than going to a mosque. Family was seen as important and a means of protecting a person against illness and mental health problems. Although faith can be strong in the absence of attending a mosque, Omeri et al. (2006) discussed that for many Muslims, access to mosques can help maintain a sense of identity and dignity. This sense of belonging to a community, the continuity of gender norms and roles, access to resources, and financial assistance can be very powerful factors in the Muslim community (Omeri et al., 2006). Mosques can help empower and advocate for Muslim communities that may be ostracized by the surrounding majority culture (Omeri et al., 2006).

Svenberg, Mattsson, and Skott (2009) also discuss the importance of faith to a person's identity. Being Muslim is a significant personal identifier for many practitioners. Thus, Islam can be viewed as a comfort and a security mechanism against both physical and mental health concerns for Muslims (Svenberg et al., 2009). In times of crisis however, such as within refugee families, religion can not only empower, but disempower (Abdi, 2007). Abdi (2007) explain that in Somalia, despite the societal causes of the civil war occurring in the country, many Somalis believed the turmoil was due to Allah's wrath at the people for "digression from authentic Islam" (p. 194). This belief can be detrimental to a group of people when they feel that they are not living up to the standards of their religion, and thus increase conformity to the rules in hopes of being deemed a "good" Muslim (Abdi, 2007).

History of Muslims in America

In order to understand the unique difficulties of Muslim refugees living in the United States, one must understand the history of Muslims in America. Before 1965, most Muslims in the U.S. were African Americans whose ancestors were brought to the country as slaves (GhaneaBassiri, 2010). Due to the unique nature of the history of this segment of the Muslim population, they will not be included within the history; instead, the focus will turn to Muslim immigrants who began immigrating to the U.S. after 1965.

The Hart-Celler Act, passed in 1965, overturned the quotas put on immigrants from the Emergency Quota Act of 1927. As a result, the Muslim population increased dramatically over the next twenty years (GhaneaBassiri, 2010). At this time, Muslim

immigrants were older professionals with families and were usually middle-upper class; the term used to describe the Middle East during this period was the “Arab World” (GhaneaBassiri, 2010).

The 1970’s and 1980’s saw an increase in mosques and Muslim associations that were centered around specific ethnic or national Muslim communities (GhaneaBassiri, 2010). Stereotypes about countries of origin began to form due to Arab/Palestinian terrorism, the Arab oil crisis, and the Iranian hostage crisis (GhaneaBassiri, 2010). The continuing U. S. alliance with Israel also damaged the United States’ relationship with Arab countries as the Arab states came to the defense of the Palestinian people in desire for a separate Palestinian State (GhaneaBassiri, 2010).

The Islamic revolution of Iran began in 1979 (GhaneaBassiri, 2010). At this time, Muslim Americans identified as activists to “advance pan-Islamic causes both in the U. S. and abroad” (GhaneaBassiri, 2010, p. 312). The U. S. belief that Islam and American values were incompatible started forming due to the media and government discussions of events in Iran (GhaneaBassiri, 2010). The U. S. supplied artillery to Iraq’s leader, Saddam Hussein, in the Iraq-Iran war and the Islamic Iran came to be seen by the public as an enemy of the U.S. (GhaneaBassiri, 2010). Muslim Americans felt significant prejudice during this time, however worked to increase the presence of Muslim Americans in U.S. policy-making (GhaneaBassiri, 2010).

The Gulf War (1990-1991) further complicated the relationship between the United States, Muslim Americans, and the Islamic world. The war started after Saddam

Hussein invaded Kuwait, leading the U.S. forces to attempt Kuwaiti liberation (Smith, 2008). Saddam Hussein used this American intervention to foster anti-American views throughout Iraq (GhaneaBassiri, 2010). The media coverage in America posed the U. S. as the protagonist and promoted freedom against a Muslim oppressor (GhaneaBassiri, 2010). Muslim Americans were aware that the U. S. had supplied Saddam Hussein in the Iraq-Iran war, and were frustrated by continued U.S. involvement (GhaneaBassiri, 2010). As GhaneaBassiri (2010) stated, “Saddam’s posturing simply highlighted for many Muslims the double standards and hypocrisy in American discourses on liberation and the right to self-determination” (p. 333).

The 1993 World Trade Center truck bombing was the next major event in the U. S. Omar Abdel-Rahman, a blind Islamic cleric who had received a visa to the United States, was found to have connections to all three of the bombers and was a major inspiration for Islamic terrorists at the time (GhaneaBassiri, 2010). Many American citizens were angry that someone who had expressed hateful speech was allowed into the United States (GhaneaBassiri, 2010). After these events, increased discrimination against Muslims continued.

From 1990 to 2000, there was an increase in foreign-born Americans (immigrants) from Muslim-majority countries (GhaneaBassiri, 2010). Unfortunately, the attack on the World Trade Center on September 11, 2001 exacerbated the issues that arose in the 1980’s and 1990’s. Many Muslim Americans were detained without charges, and many immigrants were deported after the attack. The invasion of Afghanistan and

Iraq the following year was seen as a “threat to American Muslims’ sense of belonging and civil rights” (GhaneaBassiri, 2010, p. 364).

There were also threats to belonging and civil rights for Muslim Americans in the United States. A 2002 Zogby poll found that 66% of Arab and Muslim Americans worried about their future in the U.S., and 81% felt they were being profiled (as cited in GhaneaBassiri, 2010, p. 364). A national survey conducted three years after 9/11 reported that 47% of Americans surveyed thought Muslims were “fanatical”, 40% viewed them as violent, and 57% felt they were close-minded (as cited in GhaneaBassiri, 2010, pp.364-365).

Increasingly, U.S. government rhetoric depicted “Muslim American” as an “un-American” (GhaneaBassiri, 2010). Many politicians used stereotypes about this relationship to make Muslims the “other” (GhaneaBassiri, 2010). President Bush defined Islam in terms of “political loyalty to the U.S.”, which separated Muslims into “good” and “bad” (GhaneaBassiri, 2010, p. 374). Muslims wanted to narrow “the gap between their lived experiences and their negative public representation”, as well as between their history and their “politicized identities” (GhaneaBassiri, 2010, p. 377). These issues were added barriers when Muslims later started coming to the U.S. as refugees.

History paints a difficult picture for Muslim refugees resettling in the United States. Increasingly, refugees must overcome the stigma of historical events as well as current struggles with racism and discrimination within the U. S. Most of the attitude towards Muslims in America have to do with past events and is informed by the trauma

U. S. citizens experienced due to the long history of being in conflict with Islamic nations, and terrorist actions throughout the world attributed to Muslims (GhaneaBassiri, 2010).

Barriers to Participation

When examining the experiences of resettlement for refugees, there are barriers to participation and life satisfaction that occur during the resettlement process. These barriers include language, employment, mental health, social, and cultural barriers, as well as access to health care and other institutional services.

Language barriers.

According to Werge-Olsen and Vik (2012), having language skills is necessary for obtaining knowledge. Language skill affects the refugee's ability to access healthcare, learn about community resources, obtain skilled jobs, and connect with the community (Bennet, 2014b; Inhorn & Serour, 2011; Kahn, 2015; Werge-Olson & Vik, 2012). Many refugees have difficulty when entering into their new host country due to a language barrier (Gupta, 2012; Morioka et al., 2004; Saadi et al., 2012; Smith, Cornella, & Williams, 2014). Having a weak grasp of a language can cause difficulty with integrating into a new culture, as knowing the language of the society you are a part of is vital for becoming culturally competent (Degni, Suominen, El Ansari, Vehviläinen-Julkunen, & Essen, 2011). Lack of language can make everyday tasks, such as reading a bus schedule, medication dosage, the paper, and the mail difficult (Shandy & Fennelly, 2006; Werge-Olsen & Vik, 2012).

According to Bennett (2014b), language is one of the greatest barriers to reaching ambitions. Participants in Bennet's (2014b) study changed their aspirations due to difficulties with learning their new country's language. A person's level of functioning can be severely impacted by their level of knowledge in the language (Vojvoda et al., 2008). For example, limited language skills can affect children's school performance and parents' ability to help their children with school work (Aroian, Templan, & Hough, 2014). Language and literacy deficits can also affect safety in the new environment, due to persons not being able to read about safety procedures such as food safety or fire evacuation (Campbell & Turpin, 2010). Increasing language ability can be empowering to individuals, and language is seen as the gateway to social, cultural, and higher knowledge (Omeri et al., 2006). Apart from language barriers, refugees may also face employment barriers during their resettlement process.

Employment barriers.

Employment is difficult to obtain for many refugees (Boyle, 2014; Crandall & Smith, 2015; Whiteford, 2005; Wilcock & Hocking, 2015). The reasons range from lack of education, which make well-paying, flexible jobs difficult to find (Shandy & Fennely, 2006), to underutilization of refugee/New Americans' skills (Reid, 2012). Many refugees experience a loss of status when they enter their new host country.

There is a lack of recognition for the qualifications refugees have in their country of origin, and the result is job loss and a loss of status, forcing them to take jobs that they are overqualified for (Omeri et al., 2006; Werge-Olsen & Vik, 2012). Another aspect to

employment that creates a barrier is the difficulty in refugee families being able to access child care (Huot, Kelly, & Park, 2016; Shandy & Fennelly, 2006). This makes it difficult to gain employment for many refugees, because they are unable to attend a job regularly if there is no one to watch their children.

According to Reid (2012), barriers to employment and underemployment can negatively affect a human's mental health by increasing rates of depression and anxiety. This negative impact on mental health can be another barrier to participation and life satisfaction during the resettlement process.

Mental health as a barrier.

Mental health problems are serious barriers to life satisfaction and participation in valued occupations for Muslim refugees when they are trying to resettle in their new host country. Many displaced people suffer from mental illness, such as Post-Traumatic Stress Disorder (PTSD), anxiety and depression (Aroian et al., 2014; Bennett, 2014a; Duque, Ching & Amihan-Bayas, 2012; Huot et al., 2016; Suleman & Whiteford, 2013). These mental health problems may arise due to torture or detention experienced in the home country; due to grief from loss of lifestyle, loved ones, or witnessing atrocities; from deprivation and social alienation; or from loss of control over life because of disruption and separation of family or relocation (Bennett, 2014a; Copley, Turpin, Gordon, & McLaren, 2011; Huot et al., 2016; Nilsson & Townsend, 2010; Omeri et al., 2004; Suleman & Whiteford, 2013).

Whiteford (2005) stated that exposure to trauma affects a person's ability to

engage in valued life occupations. This lack of engagement and participation affects identity, well-being, and sense of competence (Huot et al., 2016). When a person leaves their traumatic environment and enters a host country, they bring along their experiences. When they arrive in the host country with an altered sense of control, identity, and wellbeing, it is easy for feelings of depression and isolation to increase (Huot et al., 2016). A lack of social support and sense of belonging in the new community can have a devastating effect on refugees' mental health (Boyle, 2014; Omeri et al., 2006).

Poor mental health status can be a strong barrier to life satisfaction and participation for refugees as they resettle into their host country. Another barrier to life satisfaction and participation is access to medical care for mental and physical health concerns

Health care barriers.

Refugees have been shown to have difficulty accessing healthcare in their new communities (Boyle, 2014; Huot et al., 2016; Omeri et al., 2006). Even when this population is able to access healthcare, it has been discovered that the care they receive is often of poor quality (Morioka et al., 2004; Wilcock & Hocking, 2015). Many Muslim refugees avoid the healthcare system because they see it as unhelpful and patronizing, and often feel uncomfortable trying to access care (Inhorn & Serour, 2011). Many in this population lack an understanding of the medical system and would prefer to see same-sex doctors (Omeri et al., 2006). Omeri et al. (2006) went on to further describe a lack of trust in the healthcare system, which has inappropriate expectations of their refugee

patients. This cultural incongruence is due to a lack of knowledge on the part of healthcare workers, who may discriminate against Muslim patients due to their culture or attire (Omeri et al., 2006).

In regard to coping with trauma, Western culture places an emphasis on trauma resolution and mental health services (Omeri et al., 2004). Omeri et al., (2004) criticized this approach to trauma resolution, which is not always compatible with the Islamic faith. Islam focuses on learning from the situation and moving on, rather than talking about mental health. The emphasis is placed upon strengthening one's faith and bond with Allah, which is a significant part of the healing process (Eltaiba, 2014). Incorporating knowledge of the Islamic religion into healthcare practice could aid Muslim clientele in managing their mental health (Eltaiba, 2014).

It is important for refugee populations to access healthcare in their new communities, because this population is at risk for health problems including PTSD, and musculoskeletal problems as a consequence of trauma (Omeri et al., 2006). Many refugees experience poverty when they arrive in their host country, which can affect their access to insurance coverage (Inhorn & Serour, 2011; Saadi et al., 2012). This population may also experience an increase in sedentary behavior and changes in diet in their new country (Guerin, Diirite, Corrigan & Guerin, 2003) which can increase healthcare concerns.

Culture and Islam as a barrier.

As mentioned previously in the articles by Omeri et al. (2006), and Degni et al. (2011), Muslim beliefs can cause tension between healthcare systems and Muslim patients. Strzelecki (2009) cited devotion to Islam as a potential barrier to life satisfaction and participation during resettlement into the host country.

A practicing Muslim prays 5 times per day and only eats halal meat (Sande, 1991). In the new host country, however, differences in climate and sunshine can affect sleep, prayer times, and Ramadan, a large religious celebration (Sande, 1991). Access to halal meats and same sex-doctors can also be a barrier, as a result of Islamic adherence. In many Western countries, there is a lack of mosques, which can be isolating for Muslim refugees (Shandy & Fennelly, 2006). Refugees with a similar religious background to their host country are able to attend services with the majority culture and may have an easier time integrating into the culture. These non-Muslim refugee cultures also often do not prohibit drinking or place diet restrictions, which can increase their ability to connect with the majority culture (Shandy & Fennelly, 2006). Muslim culture, in contrast, may have a more difficult time due to the religious stigma associated with going out to drink and may inhibit their ability to eat at certain restaurants (Shandy & Fennelly, 2006). Traditional Islamic dress can be a further barrier to integration into the new host culture, because much of the clothing in Western cultures is not acceptable in Islamic practice due to lack of perceived modesty (Guerin et al., 2003). A lack of emphasis on modest clothing may prevent Muslim participation due to comfort levels.

Whittaker et al. (2005) discussed that a person's identity and beliefs can conflict when they enter a new culture. The longer immigrants are a part of Western culture, the more they begin to separate from their home culture (Whittaker et al., 2005). This can cause feelings of anger and resentment due to forgotten traditions and erosion of cultural norms (Algado, Gregori & Egan, 1997; Wilcock & Hocking, 2015). Muslim refugees are at an impasse. There is a desire to hold onto their culture and beliefs, but there is also a desire to be accepted into their new country (Shandy & Fennelly, 2006).

According to Schaafsma, Nezlek, Krejtz, and Safron (2010), successful integration is a function of social interaction with the majority culture and a feeling of acceptance by the majority. Gupta (2012) highlights the major life transition that refugees go through when they enter the host country. They are forced to create new routines in a new context and are often met with unfriendly reception (Suleman & Whiteford, 2013). Many roles change for refugees as they enter a new country, especially for Muslim refugees. As a result of the trauma that many of the refugees have faced before immigrating and while resettling, refugees may experience disengagement from participation in life occupations. Their roles change, especially gender roles, and even play in children can decrease (Stickley and Stickley, 2010).

Access to resources.

In addition to barriers facing Muslim refugees, there are issues accessing the resources important for resettlement and occupational participation. Research indicated large gaps in access to resources, which negatively affected refugees. Transportation was

identified as one such resource by Guerin et al. (2003). Many refugees don't own cars, and they may not have the funds needed for transportation (Guerin et al., 2003). Another resource identified was access to childcare, which strongly affects female Muslim refugees (Guerin et al., 2003; Huot et al., 2016). Guerin et al. (2003) explained that in Islam, women cannot participate in activities if they are at the expense of caring for their family. Therefore, if they are unable to obtain satisfactory childcare, they cannot fully participate within the community.

Finally, many Muslim refugees have difficulty accessing religious resources (Shandy & Fennelly, 2006). Due to the low population of Muslims in the U. S. before the refugee crisis, there are few mosques or religious spaces for Muslim Americans (Shandy & Fennelly, 2006). Spirituality is an important occupation to many Muslim refugees; Muslims are often forced to attend religious activities in unideal places such as basements, or travel distances in order to participate within a mosque (Shandy & Fennelly, 2006). There are also difficulties in attending mosques due to the cultural differences between Muslim communities (Omeri et al., 2006). Omeri et al. (2006) found that Afghan refugees, who are not ethnically Arab, had difficulty accessing the mosques already established in Australia because those mosques were heavily identified as Arab, Muslim spaces.

The resettlement process is difficult and includes many barriers. Language, employment, mental health, social, and cultural barriers as well as poor access to services became apparent in the research. However, there is little research specifically addressing

Muslim refugees' resettlement experience in the United States. Most of the Muslim refugee research comes out of Australia, which is a different social and political climate compared to the United States. Many other studies were written by and for disciplines separate from occupational therapy and are over 5 years old. Finally, although the literature seems vast, there are multiple repetitions of authors and most of the information above required inference from multiple articles to draw conclusions. Simply, there isn't enough research to inform occupational therapists in the United States about Muslim refugee clients or the United States refugee services for improvement of the resettlement experience, both of which are necessary.

Necessity of Research

Being aware of other cultures and having cultural competency is important in the care of patients, and cultural competency training should be an essential part of medical training (Ezenkwele & Roodsari, 2013) especially since there is an increase in Muslim refugees (Inhorn & Serour, 2011). Evidence suggests that the experience of refugees including acculturation, forced immigration, discrimination, and at times poverty, can increase stress and affect both mental and physical health (Inhorn & Serour, 2011). Healthcare professionals need to increase their understanding of how displacement and trauma can affect the health of their clients (Huot et al., 2016; Inhorn & Serour, 2011; Whiteford, 2005). Both articles by Huot et al. (2016) and Yau (1997) addressed the lack of research on displaced people. In addition to the lack of research on displaced persons, Western culture also has a different approach to resolving trauma that is not always

compatible with the Islamic religion (Omeri et al., 2004); thus medical professionals need to do a better job assisting their patients who have undergone displacement and have experienced trauma. Healthcare professionals should have increased training in cultural competency, specifically Muslim refugees, due to the increase in Muslim refugees worldwide. It is projected that there are 3.35 million Muslims in the United States and that Islam is the fastest growing religion in the world (Lipka, 2017, para. 1). Healthcare professionals will undoubtedly come in contact with displaced persons, especially Muslim refugees, and need to increase their empathy and acknowledge the impact of trauma (Whiteford, 2005).

Currently in our medical system, not only are medical professionals lacking in training, but interpreters for Muslim refugees are not medically trained (Degni et al., 2011). The medical profession needs to also work on hiring interpreters who know medical terminology to explain to Muslim patients what is happening with their health. Another aspect impacting the necessity of this research is that the United States is lacking in research when it comes to displaced persons and Muslim refugees. The majority of the research found on the subject were written in Australia, Canada, and Western Europe.

Occupational Therapy's Role

As mentioned above, medical professionals lack training in cultural competency, which affects the care patients receive. Occupational therapists (OTs) also need to increase their knowledge on refugees and their culture because knowledge makes OTs more competent when working with clients (Smith, Cornella, & Williams, 2014).

Working with clients who have experienced trauma is an emerging area of practice for occupational therapists, and it is important to understand how trauma affects all areas of occupation (Copley, Turpin, Gordon, & McLaren, 2011). According to Whiteford (2005), the study of occupational deprivation theory needs to be developed further by occupational therapists. The pioneers of OT were involved in social justice and this idea needs to be expanded to understand the context and experience of refugee clients (Whiteford, 2005). As time goes by, there are more OTs working with refugees due to the influx of displaced persons; thus they must consider a more sensitive understanding of culture (Strzelecki, 2009).

Occupational therapists hold a special place in the treatment of clients who are refugees. OTs are experts at enabling participation, and re-establishing routines and habits in new contexts (Duque, Ching, & Amihan-Bayas, 2012; Gupta, 2012). OTs can identify disparities, understand lack of access to resources including jobs, food, and valued occupations, develop life skill programs to teach safety skills, and help clients integrate into their new communities (Crandall & Smith, 2015). Forced immigration disrupts occupation, and OTs can help re-establish these lost occupations, which impact a person's identity, well-being, engagement, and sense of control (Huot et al., 2016). Thus, OTs play an important role in assisting clients with transition in their new environment and increasing their sense of belonging in the society at large (Boyle, 2014; Yau, 1997).

Future Trends

According to The United Nations Refugee Agency (2016), the world is experiencing the highest levels of displaced persons on record. Approximately 65.6 million people have been forced to leave their homes (UNHCR, 2016, para 1). There are currently 22.5 million refugees worldwide (UNHCR, 2016, para. 1). According to Connor and Krogstad (2016), in the Middle East, 1 in 20 people are displaced, which is 5.6% of their population (p. 1). Specifically, about six-in-ten Syrians are displaced from their homes totaling around 12.5 million (Connor & Krogstad, 2016, p. 3). About half of the refugees in 2015 can be traced to Syria, Afghanistan and Iraq (Connor & Krogstad, 2016, p. 3).

Worldwide, Europe accepts many refugees, with Germany, Hungary and Sweden receiving more than half of asylum seeker applications (Connor & Krogstad, 2016, p. 3). The United States' adoption of the Patriot Act in 2001 impacted the number of refugees allowed into the US and the annual number dropped to fewer than 30,000 accepted in 2002 and 2003 (Connor & Krogstad, 2016, p. 6). In 2016 however, the U.S. accepted about 70,000 refugees originating primarily from Democratic Republic of Congo, Burma, and Syria (Connor & Krogstad, 2016, p. 6). Of the refugees the United States has accepted in 2016, nearly half, 46%, are Muslim (Connor & Krogstad, 2016, p. 7).

The statistics provided by the UN Refugee Agency (2016) and Connor and Krogstad (2016) provide strong evidence for the rise of Muslim refugee populations in the United States. There will be a rise in displaced people from an Islamic background

and it is essential that our healthcare system and society adapts to meet the needs of this new clientele. Occupational therapy has a strong opportunity to help with transition, re-establishing roles, overcoming trauma, and finding satisfaction and a quality life for those persons who have been displaced. Additional research needs to be completed to help improve the condition of Muslim refugees entering our healthcare system, and society as a whole.

CHAPTER III

METHODOLOGY

A qualitative phenomenological design was chosen to study Muslim refugees' experiences resettling in the U. S. The study was conducted in a rural community in the Midwest. The location was chosen due to the availability and access to participants. A rural setting has fewer resources overall, which may affect the types of resources that are already available to refugees; the lack of resources would therefore would provide greater challenges for refugees than large cities.

Population/Sampling

Participants had to be classified as a refugee under United States Citizenship and Immigration Services and self-identify as Muslim. Participants must have been in the United States for ten years or less; refugees who have been here longer could have already integrated and may not share the same experiences with newer refugees. Participants convicted of a felony were also excluded, because occupational deprivation also occurs in former offenders, and this aspect could have skewed the data obtained.

Participants were sampled through non-probability snowball and convenience sampling techniques. The researchers worked with a local organization that provides aid to New Americans in the community to find participants, and participants were asked if they knew anyone that would be interested in participating as well. In total, five individuals participated in the study. There were two male and three female participants interviewed.

Participants were provided an informed consent form outlining the purpose of the study, the rights of participants to participate or withdraw at any time, risks and benefits to the participants, confidentiality measures, the anticipated use, dissemination, and storage of data, and contact information for the researchers and study advisor. Approval was sought from the Institutional Review Board and the University of North Dakota, and the study received an approval status of Expedited Review.

Instrumentation and Data Collection

The participants were interviewed using a semi-structured interview. The interview format was created using the literature review and was organized according to the Occupational Perspective of Health framework. The interview was designed to start conversation about the experiences of each refugee. *Doing, being, becoming, and belonging* were used to ensure that all aspects of occupation were addressed, and to demonstrate the importance of all four concepts in Muslim refugees' resettlement. The researchers could ask questions outside of the format to clarify or explore information.

When interpreters were utilized, they were given an overview of the purpose of the study. They were also given the consent form and interview format to study and translate beforehand. The consent form and interview format were explained to the interpreters for understanding and they were encouraged to ask questions if needed. Participants were provided an interpreter when requested so they could express themselves as completely as possible. The interpreters were unpaid volunteers in the community who were informed about the study by the researchers. Three interpreters

(two Somali and one Arabic) were on standby for the study, and only one was utilized (Arabic).

The interviews took place at the participant's home or in a public place of their choosing (i.e. the public library). Two interviews were conducted with each participant; each interview was between one and two hours in length, depending on the depth of the participants' answer to the interview questions. Each participant completed both interviews with the same interviewer, with an average of one week between sessions. No participants withdrew from the study. Each interview was transcribed and coded, resulting in 430 separate codes. Codes were excluded if less than 3 of 5 participants were within the code. From the 430 codes, 41 significant codes were created. The Occupational Perspective of Health (Wilcock & Hocking, 2015) was utilized to organize the information into four themes. For confidentiality, each participant was given a pseudonym from their language of origin.

CHAPTER IV

ANALYSIS & INTERPRETATION OF DATA

Five individuals participated in the study. Demographics are shown in Table 1.

Name	Fadilah	Hasna	Erasto	Asim	Shamshi
Sex	F	F	M	M	F
Age	37	26	27	38	19
Marital status	Married to Asim	Divorced	Single	Married to Fadilah	Single
Country of origin	Iraq	Iraq	Somalia	Iraq	Somalia (Born in Ethiopia)
Lived in refugee camp previously?	No	No	No	No	Yes, in Ethiopia (15 years)
Identifies as	Refugee	New American	Muslim or Black American	Refugee	Refugee
Time in U.S.	5 years	5 years	8 years	5 years	3 years
Work Status	Stay at home mom	Working as security officer	Working as computer technician	Working as car technician	Between interviews, started at a restaurant
Currently living in resettlement city?	No	Yes	No	No	No
Dependents	3 children, pregnant	1 son	0	3 children, wife is pregnant	0

Table 1. Demographics of Study Participants.

Each interview was coded to develop themes, resulting in 430 separate codes. Codes were excluded if less than 3 of the 5 participants were within the code. Through exclusion and grouping, codes were grouped together into 43 larger codes, which were used to create the overarching themes and subthemes. The Occupational Perspective of Health became apparent within the interviews; therefore, these terms *being*, *doing*, *becoming* and *belonging* were used to describe the themes.

Being Muslim in America

Islam is life/Importance of Islam

Hijab as a symbol

Doing

Participating in daily aspects of Islam

Occupations for resettlement

Coping Skills

Becoming

The Resettlement Experience

Transition to U.S. educational system

Importance of Work

Cultures Colliding

Do I belong?

Belonging to Family

Belonging in Communities

Stereotypes/Discrimination

Goal attainment and looking towards the future

Being Muslim in America

During the interviews, the participants described their identity in the context of living as a Muslim in America. In the Occupational Perspective of Health, *being* is described as a “state of existence,” tied to one’s identity, including roles and the occupations to support those roles (Wilcock & Hocking, 2015, p. 180). Four of five participants saw Islam as an integral part of their identity and an important need for their wellbeing.

Islam is life/Importance of Islam.

Being Muslim was a crucial part of most participants’ lives. Shamshi described the extent to which Islam played a role in her life:

Islam is everything for me because I believe every person who has religion, they can die for their religion to like, I will do everything for my religion to prove I am Islam. And like, the more you believe who you are or like the more you believe in God, it makes you happy. The more you do everything, the more you follow your religion. It means everything to me, but if you don’t have religion and you don’t know what to believe and you don’t know what to follow, it’s just, it’s nothing, I’m happy to be Islam. And I believe every person who believes something, they are happy too. So it’s really everything and if someone asks you that question, it’s like “wow, it’s my whole life”.

In addition to Islam being seen as a crucial part of life in general, it was also described by the participants as a guide for navigating life, including how to help one achieve wellbeing and good health. Asim gave an example of how following the Qur'ān impacts one's daily habits and has a strong effect on health:

I told you Islam sees, gives you, even what kind of food they should eat because this food is gonna be affected you both ways. In good way or bad way. So, that's why they call them Halal, because they, they most important if you keep your body's health. It's gonna be, respect that body, you know what I mean? Respect that what the God he gives to you...

In this way, Islam is supportive in not only a religious sense, but it takes care of the follower's physical health as well.

When the participants described the importance of their beliefs in life, God was understood as an omniscient, higher entity aware of what is true and right. The participants' relationship with God was seen as most important for leading a healthy and happy life. Asim explained:

Some, some Muslims they don't wear hijab and do wear jeans, but still perfect Muslim I think it's very close for the God, you know what I mean? I same probably this one is wear hijab, I'm, I'm no way I'm judging about these people, just, just God he can judge them. How close from this God, from this religion. Do right, do right way.

Asim emphasized the idea that to be close to God, followers do not have to follow the

Islamic faith verbatim, but that the most important factor is to have a relationship with God, and through this relationship, strive towards being a good person to all around you.

Hijab as a symbol.

Although there was no unifying opinion about whether the hijab, or traditional head scarf, was required wear for women, it was apparent that a part of being Muslim (or not Muslim) included seeing the hijab as a symbol. For Hasna, the hijab was viewed as oppressive:

Honestly I think [Muslim women] are still brainwashed and abused under that and they should be free to choose, not brainwashed. I don't think it's necessary. I think they should have their full rights and freedom. To do what they want with their body and what they wear, and not to be forced to do anything.

The hijab was a cultural expectation in Hasna's home country. "It's a big issue if the women did not wear it, but again I don't think it's necessary. But I think many women are forced to wear it, and if they had the choice they wouldn't wear it." Hasna's experience with Islam was negative, and her viewpoint was a contrast when compared to the other participants.

Despite Hasna's negative view of the hijab, some participants saw it as an important part of a Muslim identity. Shamshi stated, "Hijab is, is like keep you, who you are. If I just take my hijab and then pretend I look like you, but, still I am a Muslim right? And still, like but it seems that means I changed, which I don't want to change". Shamshi and the other Somali participant, Erasto, also viewed the hijab as a source of protection

from physical harm towards women.

Of the five participants, four saw themselves as a devout Muslim living in the U.S. Their identity included continuing cultural dress and/or traditions. Hasna was divergent from the group, rejecting her former Muslim identity in her new life. The participants each expressed differing “states of existence”, including varying views of Islamic traditions and practices, which affected their occupational choices. The participant’s religious identity or sense of *being* was a context in which they participated in important occupations.

Doing

During the interviews, participants were asked about their daily routines, what they liked to do, and how these routines and activities compared to living in their home country. Participants identified many occupations they engaged in living in America. Some of these occupations facilitated resettlement, while others maintained their identity as a Muslim. *Doing* describes how individuals engage in occupations to obtain needs for their overall health and wellbeing (Wilcock & Hocking, 2015). The participants’ ability to *do* was vital to their health and happiness, as these occupations provided them with their social, emotional, physical, and spiritual needs. Therefore, the theme “doing” was created to represent *doing* in the context of the participants’ lives. The types of *doing* the participants identified during the interviews were participating in daily aspects of Islam, learning English, acquiring a job, managing finances, and sleeping and resting. Lastly, participants identified active use of various coping skills to deal with stress and

discrimination in their lives.

Participating in daily aspects of Islam.

Participating in daily aspects of Islam was important to four of the five participants, as engaging in these activities met their spiritual needs. Daily activities of the Islamic faith included praying, practicing traditions, dress, and following halal. In their home countries, participants prayed at least five times a day, as is usual practice within Islamic communities. Shamshi described the strict prayer schedule she had when in Ethiopia. “It was 6 and 12:30 pm, uh 2:30 pm, 4 yeah 4:30 pm and then, and 7. 7:30 ... It depended when the sun rise.” Prayer times were less strict in the United States, as participants adapted to their new environment. Erasto stated, “My usual activities is praying in the morning, around 4, sometimes 4:30 the time, you know, changes, uh in the morning usually when I pray.” Three of the five participants participated in prayer five times a day in the United States. “Yes, five times a day it’s not, it’s like 4-5 minutes. It’s -it’s not, uh, not going to take a lot of time to do it, so um, every prayer is five hour or four hour or three hour apart” (Erasto). Fadilah reported, “5 times a day, just in my house, I read the [written] Qur’ān.” Although they managed prayer five times a day, participants were not able to be as strict in times for observance as in their country of origin.

Participants identified contextual barriers when keeping to a prayer schedule in the United States, including changes in climate, time, physical environment, and culture. Shamshi discussed praying during school:

The thing is, where do I pray? and when do I pray? So that’s pretty tough.

Sometimes I didn't pray. In the afternoon, I have to pray one time. Sometimes I don't pray in the afternoon and I don't pray after school and then when I come home I pray five times or four times. One time together, which is not good but I can't. So you have to follow the rules. If they say to you, "we don't have an empty classroom" then what do you do? Nothing. And like I was told "you can do whatever you want." I have to wait in [the lunch] line like ten minutes if I want to eat in five minutes I can't...

Shamshi's school environment did not support the incorporation of prayer into the day, especially at the specific times Shamshi usually prayed. The school also lacked the space to provide her an appropriate room for prayer. Erasto also had difficulty praying in his usual schedule and explained how changes in time and sunlight affect prayer:

...back home, time is set. There's no changes. There's no hour add one hour, uh, takeaway. ... everything was one schedule. Just here, everything you know cause hour went down schedule changes and because of the winter, day, one hour day save the things, [daylight savings] you know, makes everything changes.

Expectations for work performance in America were identified as another cultural shift that impacted participation in prayer. Erasto stated, "most of the work schedule doesn't allow you to pray the time you want." Shamshi elaborated, "It is really hard because in my work I can't pray. I have only 30 minutes and you have to eat food and then it's, before you pray you have to wash your face." This lack of time to prepare for and engage in prayer proved to be difficult for participants.

Unfortunately, prayer was not the only piece of participation in daily aspects of Islam that was affected by the barrier of work. The difficulties experienced with prayer extended to Muslim traditions. Asim described how difficult it is to participate in holidays like Ramadan because of American work expectations:

Probably in the Middle East if you gonna be little lazy round Ramadan, you know what I mean, you tired, you feel- people they make excuses “Oh, it’s Ramadan.” Because it’s fasting, so, right now, I’m different culture, different country so they, they, like they gonna be some kind of job, “hey you gotta finish that one.” Doesn’t matter it’s like heavy lifting job or have to walk, have to talk too much, or you have to do more exercise to finish that job.

While Christian practices are accounted for at American job sites, the participants experienced no allowances for their prayer or holidays. As Asim pointed out, Ramadan can cause great fatigue in workers due to the daily fasting ritual that lasts over a month. In addition to differing work expectations, there are difficulties in cultural observances between American communities and Islamic practitioners. Asim stated:

Back home they are celebrate Eid whatever these kind of stuff. Different cities in the States the people from the Middle East or Muslims they celebrate- they go to the whatever in town, they take their kids out. We live in [rural community], where you gonna be taking these kids?

Fadilah also expressed difficulty with religious participation due to the environment and stated, “The biggest challenge is returning to a place where I can engaging in ablutions. I

have to go back to my house.” Both participants found it difficult to find spaces to practice their religious traditions.

Despite the challenges to participating, four of the participants continued to follow Muslim traditions. Asim stated, “We have the Eid after Ramadan. We make special food at home. We send text messages for friends, ‘Happy Eid’ all that kind of stuff.” Fadilah added, “Religion is spectacular (Interpreter note: holy/profound. There’s no literal translation for this word in English)... we did not give up our religion... we celebrate Eid al-Fitr, ‘Eid al-Adha, ‘Ashura, Mawlid, Eid al-Nabawi, ‘Eid al-Amma.” Hasna was the only participant who decided not to participate any further in Muslim traditions. “Of course [my family had] some religious traditions, that I wasn’t interested in but they were.” Besides Hasna, participants were determined to uphold traditions and adapted to account for lack of environmental and societal supports.

In regard to traditional dress, both male participants discussed how their style of dress does not differ much from typical Western fashion. However, two out of three female participants described valuing their continued participation in traditional Muslim dress. “My feeling about my dress? Oh well, I love it. Cuz number one, it cover me, like it cover all my body. Number two, I like, it’s really amazing, it’s not that heavy, and I believe it is cute” (Shamshi). Fadilah also valued traditional dress but described having difficulty obtaining items of clothing: “Everything you can get here is really basic (Interpreter note: not available). There’s no problem in the Muslim world, but here anything beyond the basics, like hijabs, are a challenge”. Since the participants lived in a

rural community, it was more difficult to find resources for continued participation in Islamic traditional dress.

Religious occupations became a challenge for participants as they resettled in the United States. However, these occupations were considered an important need, and they adjusted to the new environment as allowed. Just as their religious identities were important, the *doing* of these activities were essential to their spiritual, emotional, and social wellbeing. In addition to these religious occupations, the participants engaged in occupations necessitated by the United States for continued health and prosperity in the new environment.

Occupations for resettlement.

Participants engaged in several occupations during their resettlement in America. These occupations reflected the aspect of *doing*, as they supported surviving in the new environment. Occupations for resettlement included learning English, acquiring a job, managing finances, and participating in sleep/rest.

Learning English was an imperative occupation for living in the United States. Although four of the five participants spoke English fluently at the time of this study, only one (Asim) knew English fluently upon entry into the United States. Asim expressed concern for those who do not speak English when they resettle in the U.S.: “I am a person who speaks English very well, you know what I mean, but I’m thinking of other people, that barely started speaking... They don’t have any- just one language, you know what I mean?” Asim understood the difficulty these individuals face when trying to navigate

through a new culture without a knowledge of the language. The other four participants reported using various methods to learn English. Hasna identified taking English classes in her community, but also reported, “The best way I figure to learn English is to mix with people, socialize. Talk with people a lot. And, of course that’s if you want to learn how to talk.” Fadilah, who knew little English and was more socially isolated, reported, “I’m learning via TV... everything with English and Arabic subtitles.” Whatever the method, participants identified learning English as an important occupation for success in the United States.

Unfortunately, participants had difficulty mastering English upon resettlement. As Shamshi stated, “English, wow! I know three languages and English the worst.” Without the appropriate English language ability, participants had difficulty participating in their community. Shamshi wanted to participate actively in school but was frustrated by the language barrier. “...everyone in your class like when the teacher says something, they will say, they will understand it! I was like ‘What?! I have understand too!’” Fadilah described learning English as “difficult” especially with different dialects of English. “In the beginning, everything seemed difficult. The dialect, from the perspective of with my husband things are difficult, because he was a translator.” Fadilah added, “the circumstances... are made more difficult by not speaking English.” For participants, learning English was both arduous work and an essential occupation during resettlement.

In addition to learning English, employment was vital for the participants’ financial security and integration into the U.S. According to Overell (2009), Western

culture traditionally places a high value on work and one's ability to work. Consequently, being successful in America includes securing steady employment. Working was a valued occupation for most participants, as four were employed at the time of the interviews. Asim had assistance finding his first job when he came to his current city. "My friend, the guy, when I show up is Iraqi guy- he live in [current city] before I show up, he find me the first job..." Unlike Asim, both Hasna and Erasto stated they found jobs on their own. Regardless of how the job is obtained, working in a job that matches one's skill set can create a confidence boost for resettling refugees. Asim reported:

They, they are impressed over there cause I move from the slow, easy job to the machine operator, drilling, tapping- all the engineering guys surprised at how I do my job. But I'm not very fast, just do the things- finding time to do the same, if not better.

In addition to Asim, Hasna and Erasto reported satisfaction in their current positions and felt fortunate to have those positions. Overall, participants felt working was an important occupation for resettling in the United States.

While four out of the five participants were employed, many still struggled financially, and a lack of finances became a barrier to occupational participation. Asim felt pressure to maintain a stable job to provide for his family. "Stable income, that's most important to safe- that's why I have full-time job... have to be keep that job. I have to be make that much money." The necessity to hold a steady income also created a barrier to participation in school. Asim reported:

I wish I do that but I have to keep working to provide living. I am very smart at school so I know if I just push myself at school, I, I do get a part-time job. It's not covering me that much because I'm only one working.

Shamshi was able to finish her education in the U.S., but she brought up other refugee students who were unable to continue their education because of financial burdens. "They don't get time, they work, cuz they need money, I don't need- I need money but I have family, but they don't have- their families back home." The constant pressure of finances weighed on the majority of the participants and made it difficult for them to participate in most occupations.

The resettlement process also negatively affected the participants' participation in the occupation of rest and sleep. All of the participants described an absent or irregular sleep schedule. Hasna reported, "Uh, there's no schedule. Just em, because we have finals and I have work, so it depends. I sleep when I'm tired." Asim laughed when asked to describe his sleep schedule, "Holy moley! I don't have one! I don't know, some, so I usually wake up in the morning, 6, 6ish, so 7, 7:15, 7:20 I'm at work." Erasto reported, "Oh my sleep schedule? I usually sleep around 12 or 1. I usually sleep very late. So I sleep like, five, six hours a night." Erasto's sleep schedule was pushed late in the summer time due to the changes in sunlight affecting prayer times, as discussed above. Despite sleep being a crucial part of health, participants had difficulty sleeping due to occupational imbalance.

The participants in this study described occupations important during resettlement

such as learning English, obtaining employment, managing finances and participating in rest and sleep. While participants identified these areas as important for resettlement, they also discussed barriers deterring their occupational participation in these areas. Many of the occupations were imbalanced, with participation in one occupation preventing participation in others. These barriers caused stress for the participants, which necessitated identifying various activities to manage stress.

Coping skills.

Utilizing coping skills was an important part of doing because it was necessary for participants' mental health. This idea became apparent when three participants were unfamiliar with the English word 'boredom', which had to be defined for them by the interviewers. Hasna stated, "I don't have the time to get bored." Fadilah described, "Lately I have been occupied. This month has been rough from my perspective so that status hopefully [will be alleviated] in the future. I don't feel bored, [and it won't happen]." When asked about relaxation, Asim stated bluntly, "relaxing for the rich people, relaxing for the someone who born with the golden spoon in his mouth." The participants' reactions to the word 'boredom,' once explained, indicated that their lives were overly busy due to an imbalance of occupations. This imbalance created stress for the participants, requiring them to use coping skills to protect their mental health.

Participants described a range of strategies they utilized to cope with stress during resettlement. Erasto stated, "I usually pray more, when I feel down." Shamshi described physically active ways to cope with stress. "I love that because when I feel like, when I'm

not feeling happy, I dance.” Hasna preferred isolating herself to cope. “Just, try to take a timeout from everybody. Just stay by myself to relax.” Asim’s coping skill was also in solitude and similar to meditation. “Sit by-with myself five, ten minutes, fifteen, relax and ‘ooshah’”. Other coping skills utilized by the participants included planning ahead, maintaining a hopeful outlook, controlling behavior, and letting go of unproductive feelings and actions. Shamshi described how she dealt with frustrating situations. “Sometimes you just have to ignore it. Cause like that’s how you learn something, but if you fight then just nothing- nothing change”. Erasto gave the advice, “people give you ten percent of your problems, and you add 90 percent yourself.” These two participants believed that they had control over how they reacted in certain situations. In general, these participants tried not to dwell on issues, but instead put their energy into something productive.

In addition to everyday stressors, participants reported having to cope with discrimination upon resettlement in the United States. Erasto stated, “When I get angry, I tell myself ‘there’s going to be a good days,’ and there’s a lot of more good people there than the one isn’t.” Shamshi also reminded herself that not all people are discriminatory. “No, I believe every person, we have good people and we have bad people. It’s nothing about the religion. It’s the person and how he behaves or how she behaves, right.” Asim had a similar outlook to Shamshi:

...let’s say you have a problem with someone from the Middle East, not everyone from the Middle East is bad. Half of America is bad, you know what I mean? So

what you gonna be say? No, be more smart, be more friendly, be more open mind. The participants knew that despite discrimination and stereotypes, it is important to look at the individual. The participants understood that dwelling on negative interactions would be counterproductive. They chose to be open-minded and understanding as a means of coping, and expressed a wish for the qualities to be available to everyone.

Overall, participants described a positive outlook that helped them manage the negative interactions they encountered. Erasto, Shamshi, and Asim discussed the ability to control their reactions to discrimination. Erasto emphasized, “There's you know, sadness and angry, depend on your communication, your reaction, and your expectation.” Asim preferred to stay out of conflict. “I don't need to get in argument from the small brained. I'm not scared from this brain, but I'm scared to get in an argument with them” because it is unproductive. He explained, “...little kids, you have to prove the opinion of that kids and that kids not listen to you so don't have to argue with them.” Shamshi had a similar experience with a peer at school and told her principal about it. “He say, ‘You wanna change your class?’ and I say, ‘I'm not leaving, if she's leaving so can, but I'm not leaving.’ Sometime you just have to ignore it”. In general, participants avoided conflict with others and let go of negative experiences. This is congruent with their emphasis on open-mindedness.

A person's ability to participate in their daily routines is vital to mental, spiritual, emotional, and physical health. This ability to participate in *doing* an occupation is important to maintaining one's culture and a sense of self when resettling in a new

country. Participants in this study continued *doing* many of the occupations that were important to them. Participating in daily aspects of Islam maintained their spiritual health, while engaging in jobs and learning English were paramount to obtaining physical and emotional needs. Finally, creating coping skills for adverse situations and dealing with barriers to *doing* enabled the participants to continue participation in the occupations they required.

Becoming

The participants in this study went through a significant life transition during resettlement. The environmental and contextual changes they experienced drove an evolution of the occupations in which they engaged. *Becoming* is the aspect of occupations that reflect or affect the development of human beings across a lifespan (Wilcock and Hocking, 2015). Therefore, *becoming* reflects the participants' transition to the United States and the occupations engaged in during the process of becoming an American.

The occupations, chosen by the participants or required by the new environment, changed participants' self-concept and skill sets. The theme "becoming" represents the change in occupations during resettlement, the transition to a new education system, the change in the value of employment, changes in cultural expectations, and transitions in health care. These changes and transitions caused lasting effects on each participant in their process towards becoming an American.

The resettlement experience.

The experience of resettlement disrupted an entire lifestyle, as participants had to transition from an old way of life to building a new life in the United States. Becoming a part of the American culture was a major change in the lives of the participants. Some of this transition to becoming an American was experienced in a positive way, where other parts of the transition were more difficult.

All study participants left their homes due to unsafe situations in their country of origin. Asim was targeted by unstable governing forces in Iraq because of his work with the U.S. coalition forces. Fadilah stated, “It was anxiety-causing with shootings, strikes. Life was limited in Iraq.” The issue of safety was the primary reason the study’s participants became refugees.

All of the participants interviewed reported viewing America as a safe haven, especially in comparison to their country of origin. Hasna stated, “Yeah, considering what’s going on there right now-- war, bombing, Here it’s safer, so.” In addition to feeling safer, three out of five participants shared that America felt like home. Hasna reported, “Oh yes. It feels home. This is feels home more than where I came from.”

America became not only a home, but a place for opportunity to the participants. Erasto stated, “You can go to work, you can go to school, you can do both...” He saw opportunity in the United States to further his education and to obtain employment that would provide for himself and his family. Asim saw opportunity in America because of America’s deep history of accepting refugees:

[N]ew people... that's the United States, built by new people. You the one that's new, you not the native! You born in United States, ok so it's gonna be I show up, my kids gonna be here, he's gonna have a wife, after he grow up, his wife gonna kids, he's gonna be citizen.

Asim felt that refugees have been a part of America's landscape for hundreds of years, and he and his family fit into that landscape.

Becoming a part of the American landscape, however, was not an easy or fast process. Some participants had a wait time to move to the U.S. Asim reported, "Over two years, until I got my, my, my visa." Others, like Erasto, received help from family to gain entry into the United States. Erasto's stepfather helped sponsor him and his mother to move to the U.S. Once participants arrived, their expectations of America were different from reality. Asim shared his disappointment upon coming to the United States:

When you, you watch a movies, it's different, you have the actors in that a movies, so whatever you saw in the TV before about American life, you know what I mean, American Dreams all that kind of stuff you thought oh ok I'm gonna show up in the United States and American, live in American (*sic*), be traveling, be discovering...

The type of life Asim had envisioned here in America was not what he encountered. Despite a safer environment from war and political strife, the participants described a change from worrying about physical safety to concern over financial stability. Asim reported:

Safe is different about the safe, ok you safe [from] life in threat... I feel safe [from] my life in threat, I'm safe, you know what I mean? But my as I live right now, I feel like not safe, you know what I mean? You have to think about, I have to keep working, to keep getting that money...

Asim's new concern was the ability to provide for his family and make sure that their basic needs of food and shelter were met.

Participants reported that resettlement posed new challenges in addition to stability. Fadilah described difficulty with becoming accustomed to new people and a new way of life living in America. Erasto reported:

It was, complete different experience. So it was hard. But, I figure out—I come to the people I see what the people doing, and I seeing, you know, there is only one way that you can survive here, is—one thing is: Stay away trouble.

Mental survival and adapting to this new environment became the goal of participants. For Shamshi, resettlement was easier with friends. Asim proposed resettling refugees in communities of the same culture to assist in resettlement. This approach was identified as a means to decrease social isolation for refugees and help create relationships between community members. Participants named social support as an important tool for adapting to the resettlement process in the U.S.

Apart from social support, many participants felt the government should provide more assistance to New Americans during resettlement. “In general, you have to change the way you launch people into the system. Everyone is living in a new place with a new

language. You're launching people into a life and making it easier [would help]" (Fadilah). Suggestions to improve resettlement included providing a job before refugees arrive, informing refugees of community resources, and having a personal guide for navigating the community upon arrival. Erasto also believed that if refugees arrive with low income, the government should provide assistance until they are able to get on their feet. "So the new peoples.... They are even lower than low can be, right? So when they come, they don't have anything. They should get help from the government. Until they're gonna be, getting work." To the participants, increased government assistance would alleviate many anxieties they experienced during their resettlement process.

The suggestion to increase government assistance may have been informed by participants' positive experiences with the assistance they did receive. Hasna was especially grateful for a women's support center and her community's refugee assistance program. The opportunity to learn English was another resource greatly appreciated by the participants. Two participants, Shamshi and Erasto, learned English in high school, and Hasna learned from community English classes. Erasto felt in debt for the overall educational opportunities he had in the U.S. "I took the education from here. High school, college, and university. So, they owe [have given] me a lot. And that is-- I don't think even my country will owe [give] me that much opportunity here." Assistance programming was one of the positive resources available to participants to assist with resettlement.

In addition to assistance programs, technological resources were identified as

beneficial by four of five participants in resettlement. Shamshi reported using an application on her phone to check whether a food item is halal. Fadilah and Hasna utilized technology for English translations and learning. Technology was also mentioned by four of the five participants as a way to connect to friends and family who remained in the country of origin. “Yep. I miss my family but they still ok, we still have contact. Through Facebook, Skype...” (Asim). While technology was a strong resource that assisted participants in their resettlement process, certain types of technology, such as vehicles, were difficult for many participants to obtain.

Due to the reliance on transportation to navigate the community, availability of transportation affected occupational participation. Shamshi described the difference between her home country and the Midwest. “We can walk and hang out [in my home country]- no cars! We don’t have car. [In America] you wanna go like something, you have car. If you wanna go Walmart, you have car. Everything car! Car, car, car!” Shamshi must rely on other family members or friends for a ride. “Sometime I like, I wanna go with out [out with] my friend, but we don’t have car. So yeah, so yeah problem car, yeah but it’s just, when you don’t have ride, it’s hard to ask every time someone...” Fadilah also does not drive in the U.S., but reported, “I use the bus. Occasionally my husband can get me a taxi. The majority is by bus.” The other three participants drove cars. The change in occupation of driving gave some participants the role of driver, while others had to decrease their occupational participation due to limited access to transportation.

Transitioning to the United States educational system.

The educational background upon entering the U.S. differed among participants, but all participants identified the importance of education in their lives. Shamshi stated:

I know because my parents don't have education, and I feel bad, because um, when you have educated and you are not, it's totally different. Like even, even in my parent, they know about like, like my language and they, they know a lot about like their culture and they know about some educated, but they- when they come to America, they have to learn right?

Having the opportunity to become educated was a positive experience in the participants' lives. The participants realized that having education provides better opportunities for occupation, enhancing their overall quality of life.

Transitioning to the American education system was seen as a large part of becoming an American. Four of the five participants continued education within the United States. Shamshi was a high school student who planned to go to college to be a social worker. Asim took classes to further his career as a car technician, and Hasna and Erasto were both pursuing higher education. However, not all attempts to continue education were successful. Asim reported that his prior education would not transfer to the U.S., and he would have to retake courses if he wanted to use his certifications and knowledge. This made it difficult for Asim to work toward his future education and employment goals.

Part of the transition to the U.S. education system included a shift in learning styles. The participants identified a transition from instructor-directed learning to self-directed learning upon entering the U.S. education system:

Here is very different. When I first here—I didn't finish high school, so I got the chance to go high school all the way, You're going to do your homework alone, you're going to do your activities, your teacher expects you.” (Erasto)

Erasto, Hasna, and Shamshi each had positive views about the transition to becoming self-directed learners and valued the personal challenge of discovering concepts on their own.

The participants described support from others as a mediator in the transition to different styles of learning. Shamshi identified the importance of community support in learning experiences she had prior to her entry into the U.S. “I know like how to speak my language and how to write because I was with a lot of people who speak our language”. Hasna also preferred having social supports during learning, especially in her transition to self-directed learning in a college setting:

...if I have a tutor, or somebody to tell me like, what to do because this is my first semester in college, uh, and I never been in college, so I don't know how to study. It's different than how you study in high school. And the language difference makes a huge part, so having somebody with me, guiding how to study and how to do things, that helps a lot.

Hasna benefited from this social support during learning because she was not only

learning new material, in a new environment, but this material was not written in her primary language.

For many participants, the transition to the U.S. educational system posed an opportunity for new learning and skill expansion. This opportunity, while achievable, proved to be challenging for participants to participate in due to shifts in mindset, education transfer difficulties, and language barriers. Overall, education was a value to participants and a way to achieve a higher job status, increase overall knowledge, improve self-esteem, and facilitate social participation.

Importance of work.

As indicated by Overell (2009), Western culture traditionally places a high value on work and one's ability to work; therefore, work is an important part of becoming an American. In addition, having a job makes resettlement easier and instills safety in resettlement. "Stable income, that's most important to safe- that's why I have full time job. I try to get better and better at my job to get more, more money" (Asim). Fadilah added to this belief by stating, "If you work you live. If you don't work, you don't live."

Having a job makes resettlement less anxiety-producing, however three of the five participants commented on the difficulty of obtaining a job in the U.S. Fadilah described that jobs are more stable in Iraq, despite social instability. Finding work also changed according to context. Erasto explained he had an "easy" time finding computer technician work in his resettlement city, but difficulty finding the same opportunity in the city of the university he was attending. Asim left his original resettlement city due to lack of work:

I didn't do any kind of job, because over there the best job- if you have, you have to apply and you have to wait probably between four or five months over there to get the job- and the best job probably got at a gas station or as a Kmart or Walmart over there- that's the best job you're going to get.

Difficulty finding employment led Asim to move with his family to his current city. This move was necessary to find work to provide for his family and become a part of the American workforce.

Not all the participants came from countries where the importance of work was as highly emphasized. Erasto and Shamshi, both teenagers when they arrived, never had a job in their home country. Fadilah felt unprepared for work in the U.S. because "it's normal not to work there [in Iraq], so naturally it's a worrying experience." The shift to an emphasis on employment was a major transition for many of the participants. However, as discussed above, employment was crucial. "You wait to get a better job, you never get a better job if you don't start, because thousand miles start with the first step" (Asim). Participants found themselves in an environment that required working for survival.

Despite work differences in their home country, participants self-identified as hard workers and took pride in their work. Erasto reported feeling he was wasting his time in Somalia when he didn't have a job. Asim felt having a job made him a productive member of society. "When I work in that company, my job is coming first ... when I do my job I do, I do as perfect. I do as dedicated, so, I'm not lazy person." Asim described

how his job experience gives him confidence for the future. “If I open my own shop, that’s what I’m thinking it’s gonna be certified in all these vehicles, so whenever I gonna be receiving in my shop, I can. Because I have all these experience, background.” Overall, participants adapted well to the role of worker as necessitated by American culture.

Cultures colliding.

The norms and expectations within a culture can shape the way individuals live. All the participants left war-torn, Islamic countries to resettle in a Western country founded on Christian ideals, marking a significant transition in culture. Participants had to navigate new, unfamiliar societal norms while attempting to retain old ways of doing in the hopes of successfully resettling and becoming a part of America.

Participants noticed the change in culture upon entering the U.S. Fadilah reported, “The people are different here.” Erasto agreed, “They are complete different.” Shamshi explained that her parents have had an especially difficult time adapting to this “different”, American culture. Despite the differences, Erasto felt that diverse cultures can live together successfully:

You know, there’s a -- when people are different culture and they’ve never seen each other, then, you know, there is -- they can’t be friendly very easily. But when you learn and when you talk to each other, then you’re gonna feel like, they’re going to trust you and you’re gonna trust them, and that’s how people can communicate.

Erasto had a similar outlook to the other participants, recognizing that communication is an important aspect of understanding their new social environment.

Given the changes in culture when transitioning to life in the U.S., some of the occupations valued by participants were unintentionally lost after their arrival due to the two countries' cultural differences. One example was the difference in expectations in co-ed interactions. Erasto refused to go to the gym pool because there would be women there. "Yeah, I cannot go to pool with group of ladies, uh, swimming. You know pool? Yeah, swimming with a group of ladies. No, I cannot do that". Shamshi described having a male teacher who was unaware of the cultural differences between American and Islamic gender interactions:

He touch me! And then we just [...] he come and say- he just shake my hand, 'You did really good job!' I was like, [whisper] 'Thank you [pause]' Release! No I just like, 'Thank you.' And then I was, oh my God! ... it was accident, but it was like, Oh God! ... then one of my teachers talk to him and tell him, and then he said, 'I'm sorry!'

Shamshi's experience ended well, however her beliefs about opposite gender interactions may affect social participation in the future, especially if individuals are less willing to learn about and understand her cultural norms.

Since culture affects preparation of food, participants found their meal preparation changed after resettling. Although participants cooked their traditional dishes in the United States, there were noticeable differences in taste and selection of the ingredients.

As a result, all participants missed food from their home country. Hasna reported trying to cook Iraqi food she enjoyed, but “it doesn’t always taste the same.” Erasto discussed the lack of access to certain foods in the U.S. “Back there, I usually eat camel. People don’t really eat camel here.” Although food type seems small a small concern by American standards, participants found that this specific aspect made them miss their old life.

Participants lost some of the routines they had established in their home country as well. One significant routine lost for many participants was mosque participation. Asim explained:

Right now the Mosque is different, you know what I mean? ... I don’t know that person who put the speech in the Mosque, you know what I mean? I don’t know these people. Back home if I go over there, this person is recommended from a lot of people.

For participants, attending Mosque was more than a religious activity. Attending Mosque was a social event in which a participant could interact with people in their community. Lost social participation and an abrupt cultural transition in the U.S. resulted in participants feeling homesick. Asim and Fadilah had to quickly leave their family and friends behind in Iraq due to the threat on Asim’s life. Asim stated, “I miss back home in Iraq. Still my dad and my brother are over there. You know what I mean? I remember my old friends, we grow up together, that kind of stuff.” Shamshi described missing her friends back home by describing an activity they used to do together:

We don't have lights, so like, when we doing homework, for example, I'm going sit there and do it by myself or use lanterns- boring! Back home it's just, we come all together and we are using one. Lantern, only one, like see, 8 or 10 people come together and then we walk together and then, oh my gosh, amazing!

Shamshi described missing the sense of closeness she felt to her friends and her community back in her home country. Upon the transition to the U.S., this sense of closeness and belonging to the community was lost for Shamshi and Asim.

Participants had varying ways to meld old cultural practices with new. Hasna was particularly committed to assimilation. Unlike the other participants, she did not want to hold onto any old traditions. She reported receiving negative reactions from other Iraqi refugees about not adhering to traditional culture. "I try to respond politely but they respond aggressively so that's...so that's why I avoid contact with them. They think-- what they think is wrong, that I'm wrong. They don't understand my point, they don't understand my view." Other participants, including Shamshi, maintained cultural traditions in the U.S., and expressed that they did not understand the desire to change completely after moving to America:

I don't want to be mean to anyone, but they are just kind of like 'Well, I live in America'. That's all. And it's really important. Even if you don't live in your country. If you really don't know your tradition or your culture, you are nothing.

For Shamshi, maintaining cultural identity was crucial for understanding oneself and maintaining wellbeing. But while Shamshi reported wanting to keep many of her

traditions, there were some traditions she was comfortable changing altogether:

Back home we are 15 years old, are free to marry. So, I used to think a lot that I would get married soon, get married soon. But now, it's totally change. Even though I have beautiful boyfriend, I don't want to marry now. Now I live in America, change a lot. I change, I, I can do whatever I want.

Each participant decided for themselves the best balance between their original culture and American culture. The resulting balance represented a change in each participant as they became more American.

Health management and maintenance.

All of the participants during this study reported positive experiences with health care facilities in the United States. Fadilah stated, "They're very, very good. People help if they're around. Everyone helps with any question, or if I have a concern or a follow-up. The hospitals here are very, very good."

Although participants had an overall positive experience, most felt that health care could respond to their cultural needs better by having more knowledge on their culture's norms and background. Erasto expressed, "doctors don't know more often about culture". Asim laughed when asked if health care incorporated his culture into care, stating, "I don't know about that." One Islamic cultural norm was the preference of Muslim women for female doctors. Shamshi described feeling uncomfortable with male doctors. "I think like it is good to have women if you are Muslim, yeah. Yeah cuz even if you- it's really awkward, ... the man cannot touch you, you know that?" Fadilah also preferred female

doctors, but both she and Hasna reported their needs from health care workers were met.

While health care services were viewed as an overall positive aspect of resettling in America, the costs of health care were new for some of the participants and caused them feelings of instability:

Healthcare should be affordable. All the people, it should help people. I hope that healthcare will become free to all people. This would be a very affirming/friendly thing. [But in America] if you can't pay then [you're in trouble]. (Fadilah)

Unaffordable health care produced feelings of worry for Fadilah as she thought about the ability to pay for services if she or her family became ill. Asim discussed the difference in costs compared to Iraq:

Hospital over there [in Iraq] is free. It's a little different from the United States. They have government hospital. So, whenever we go to the hospital, they gonna be pay like as low, low pay, probable gonna be just, just as the ticket they go see a doctor, let's say, 6, 7 bucks.

Although the country of Iraq is in turmoil, Asim was comforted by the fact that medical care was free or very affordable. Resettling in the U.S. forced him to transition to a new health care system in which he felt the continued pressure to provide for Fadilah and their family to afford health care.

In addition to high costs in health care, the language barrier made health care difficult to access for some participants. Hasna stated, "Sometimes I would struggle, just from like a cultural analogy..." Fadilah stated, "Currently, the hospital has a telephone

interpreter that [helps]. Sometimes this is difficult with just English.” Fadilah stressed that interpreters can help improve health care in America, but they are not always available, particularly in rural areas.

Participants described difficulty with *becoming* American and changing their traditional way of life through transition to the United States. The process of resettlement created change in the participant’s roles, routines, and occupations. Ultimately, participants changed due to this experience.

Do I Belong?

Belonging represents how occupations can connect individuals to one another; these groups are important social supports (Wilcock and Hocking, 2015). The theme “Do I belong?” underlines the dissonance between *belonging* and *not belonging*, both in the participants’ home country and their new life in the United States. During the interviews, participants were asked how connected they felt to their country of origin, the United States, and individuals in their new community. However, much of this theme was derived from answers to other questions, as it became apparent that *belonging* was a complex issue facing the participants and affected many aspects of their life. “Do I belong?” emphasizes how the participants have attempted to retain their cultural identity while becoming American, and their sense of connectedness with both these identities.

Belonging to family.

Each participant identified family as an important value in their lives. Asim explained this succinctly, “Home still, where you live, that’s your home, you know what I

mean? Wherever you feel like you have a friends, have a family, that's your home." The feeling of home is created when surrounded by the comfort of family. Both Erasto and Shamshi discussed the importance of their mothers in their lives. "Uh, the most uh, I value my parents. That's one thing, especially my mom" (Erasto). This strong value placed upon family was a crucial support to the participants.

Shamshi, being the youngest participant, wouldn't have been able to accomplish her goals without her family:

They [family] always encourage me to finish my school. I, I like to work like part time and they never let me work, they say, 'No, you have to finish your school.'

That's why I have a high classes and they all really good...

Her family provided both emotional and financial support so that she could focus on school without worrying about working. Erasto reported supporting his family in a similar way to Shamshi's family. "There's few, couple of my family, they're young, I do help them out, too... just because I'm single, old country is, you should take care of others of the family." He added, "You know my sister, she goes to [college]... So, when I was in [resettlement city] or even now, I do help her... She works, but you know, it's not enough." In addition to supporting family members in America, Asim and Erasto both described sending money to care for those back home. Asim reported, "Yeah. I sold my pick-up, I sent all the money for the surgery for [mom]." Belonging to and caring for their family was a strong value for participants.

Unfortunately, for some participants, the expectation of supporting family

members created more stress during the resettlement process. Asim, as a father with no familial connections in the U.S., had difficulty relaxing:

Uh, I have four, right now it's gonna be five, on my neck. Five for life, my wife she's pregnant, gonna be, so all this life on my neck. You know what I mean? I have to be provide good living for them. I can't, I can't, I can't put them down, you know what I mean? So, you know if you only work in the family, you know what I mean, four kids it's gonna be four kids, plus my wife, plus in back home, so, that's, you feel like a machine, you know what I mean? You feel like you are, you have to be full tank always ... So, have to be, have to be keep that job. I have to be make that much money. I have to pay that much, I have to do it that way. I have to do, I have to do. That's, that's, that's not easy. That's not easy.

Asim experienced increased pressure to care for his family once he moved to the United States and lost the support from his family in Iraq: "Right here I'm, far, far away from my family, you know what I mean? I'm, so, if something happened to me, you know what I mean, what's gonna be the future for the kids?". Asim worried about what would happen to his family were something to happen to him. Fadilah also missed the physical closeness and sense of belonging to her family. She was unable to be there for her family when they experienced loss. "I lost two brothers at the same time. It was a very, very, very, big loss because I was so far away from them. The feelings are a little lighter, but there's still some internal sadness on the matter." Fadilah felt heartache and feelings of guilt at not being present to support her family. The difference between Asim and

Fadilah's experience, feeling unconnected from family due to separation, and Shamshi and Erasto's experience of being connected to family in the U.S., shows how important belonging to a family unit is to the wellbeing of refugees.

It follows that each participant prioritized the children in their family, whether theirs or another member's child. Shamshi's role included caregiving for younger family members because her mother needed to work. Fadilah was focused on her children. "Every question comes back to my kids. When I am around my kids and they are doing well, I feel like things are stable and under control." Hasna, who was the most reserved participant, identified her son multiple times as an important aspect of her life.

When participants prioritized their children, however, they were unable to participate fully in their own occupations. Hasna stated, "I'm a single mom. It's difficult. Time, energy, uh, availability, like if I have somebody to watch him or not. Um, some things I had to give up because I didn't want to lose my child". Fadilah and Asim had to put aside their needs for their children. "Everything is for the children. A future, that is the important thing" (Fadilah). Asim reported, "I'm working just I can't, it'd be so selfish, not just myself if don't like it know what I mean? So, I just gonna turn back? No, I'm gonna be thinking about my kids, their education, their future". The participants selflessly placed their child[ren] and their child[ren]'s wellbeing over their own with the goal that these children would have a better life and stronger future in America.

Belonging in communities.

Despite the strong sense of belonging to a family unit, participants had difficulty finding a sense of belonging in their American community while maintaining belonging in their home country and culture. Fadilah, who was the most separated from her community due to language, felt she had similarities, but no connection, to other Americans. “[W]e live the same way. When we enter [the country], we have the same goals, but Americans don’t think about other people. Everyone lives for themselves.” While Fadilah felt little to no connection, Shamshi described her process of belonging as trying to connect to others while having a different culture:

If I work hard then I can do, I will connect to them. I’m not saying I will connect today but I’m part of connecting now. ... Because I didn’t like everything about your culture, I don’t like a lot about the language, yeah so. Because in my culture, and the culture here is totally different, so I have to, this is your culture, don’t use now this is American culture, so I have to go there. Yeah it take longer.

The striking differences in culture made it difficult for Shamshi to find her place in the U.S. Asim’s experience with belonging was dual, in that he experienced both a friendly community and a place he has no connection or history with:

[Speaking about community in U.S.] Yeah, I have a lot of friends. A lot of people, a lot of people like me so, there’s, sometimes I’m surprised like when they say my name, I don’t, I don’t know their name, know what I mean? That’s yeah, ‘Hi [Asim], how you doin’ buddy?’ Or It’s nice, it’s nice. So I, technically I nice

person, I project nice impression on people...

[Speaking about Iraq] Um, back home, back home, you know what I mean, people know me, I know them, you know what I mean? If I know them, if I don't know them probably they know my dad. They know my mom, they know my sisters, and we have different, way to respect together you know what I mean? Even this person I don't know his name, probably I know his family or no, so a little more peaceful, you know what I mean?

Asim missed the sense of community he felt back home due to this difference. In contrast to the other participants, Hasna felt a strong connection to her new community. "Very connected. Very, they're very kind and nice and you can just feel that you can rely on them." Hasna made connections upon resettling in the U.S., however when asked about the connection to her home country, Hasna indicated no connection. "I don't want to do anything with Iraq anymore, so I don't call to talk to anybody." This disconnect with her country and culture of origin may have necessitated finding connection in the United States.

Stereotypes/Discrimination.

Establishing a sense of belonging in the U.S. was greatly impacted by discrimination and stereotypes in the view of the participants. Each participant identified stereotypes they encountered living in the United States. One was the idea that refugees were taking away resources from other Americans. Asim was upset by one of the interview questions, which insinuated Americans feel refugees receive too much

assistance:

Oh, [*long pause*] That's selfish. Questions, [*pause*] Why you say, "too much?" ...I, I can see that, I can see that where someone after two or three years is from Bhutan or Nepal, he drive a very nice vehicle, 2015, 16 or 17, while an American guy, let's say old car. This guy have nice apartment, but American guy he live in shit apartment. Ok, that's how things- some people got jealous for this situation, but ask yourself what this guy he do right now. How many job he working right now? ...some, some American people, just sit there and they watch and say, "Oh, why is Somalian, or guy from Middle East, or Bhutanese or whatever these guys. Oh he drive nice car." The government didn't give him that car! "Government give him money to buy that car." No! This guy have a job. That's 100%, have a job, Ok, not work just one job, two, or three jobs that's why this guy he built himself very fast. ... These people they come from there because probably their, their life in threat. More the people right now come to the United States because their life in threat. Ok? Civil war, you know what's going on in the Middle East, and Nepal, you know what's going on in Nepal like people kill each other in Civil War. So these people running from their country because they are- their life in threat. ... You need be smart, use your brain. Move your ass from the bed and make money (laugh). Don't be complaining and bitching about refugees making much money, or the government-make the- how you say that? "Get a lot of help from the government."

Asim wanted the American people to understand that after fleeing their home country, refugees worked hard to establish a new life here in America and that they deserved what they accomplished through hard work.

Discrimination not only affected perceptions of the participants, but how safe the participants felt in their new environment. Fadilah was particularly afraid for her children:

We are afraid that they will grab my children or that people will look at the children differently with fear. For example, saying things that aren't nice or hit me, exclude me from things. I don't need people to be afraid of [us].

Shamshi experienced theft when someone had taken her personal items out of her gym locker. Discriminatory acts, like those Shamshi and Fadilah experienced, threatened the safety felt by each participant.

Three participants experienced discrimination within institutions, which had a negative effect on their lives. Erasto was affected when was stopped multiple times by police due to his and his car's appearance when he first moved to his current city. Fadilah faced institutional discrimination while working with social services due to negative interactions with a case worker:

I believe in particular the case worker [that I was required to work with] caused a lot of problems on this basis. I got very strong feelings from her that she didn't like Arabs and this is the core basis of my problems.

Asim felt the same way about the social worker, stating, "She cut the Medicaid without

tell her [Fadilah] about that, and her supervisor, of the case worker she said, ‘No, the Medicaid working.’ So confusing the system. Right now, right now we still receive that bills.” Hasna’s experience with institutional discrimination happened at work. She explained, “I applied for department manager position, and they didn’t give it to me. They gave it to someone who was disqualified--er, less qualified than me, so I had to contact ethics and they give me the position, but they still treated me different.” She continued, “Yeah, I had to leave the job because of it. It’s...you can’t work in an environment where you’re not wanted and no matter what you do it’s not good, you know?” Institutional discrimination prevented participants from obtaining needs and engaging in occupations, in addition to affecting their sense of belonging.

Participants’ experiences with discrimination affected their sense of belonging by making them feel ‘other’, a group separate from Americans. Asim felt that others assumed he didn’t belong due to his appearance:

This guy gonna be talk about my religion, this guy gonna be talk about my color... This guy or this person gonna be talking about where are you from? When you come to the United States like people they, the first thing ask you- where are you from? Before they ask what’s your name?!

Being asked about country of origin instead of his name implied Asim was an outsider despite America being a diverse country.

The experience of being seen as an ‘outsider’ was isolating for Shamshi as well, especially when she was the only girl wearing a hijab in school. Her classmates also

assumed she didn't understand English, resulting in a hurtful situation. "...one of them say like, 'Somali people are gross.' And one of them say, 'They look like a monkey.' And I understand everything they say, but I wasn't able to.. [respond]." Shamshi was unable to convey to others at the time that she did in fact understand their words and that they were hurtful.

The idea that the participants were 'other' did not resonate with their personal experience in America. Fadilah stated, "We are people. We are people of peace. We love peace and stability. After people get to know us, then maybe they'll realize we're peace-loving. We're normal. People will stop differentiating us." Asim agreed, emphasizing communication as a way to understand one another:

That's kind of things that piss me off. If, if you have any opinion, you know what I mean, get conversation with me. Little argument. I will prove to you, you are wrong. I mean, people like just drop something in your face and then they walk away. Come on! What do you mean?! You know what I mean? Talk about it.

The importance of communication and engaging in social participation with individuals who are from different backgrounds is a vital piece of acceptance and belonging to a new culture and a new home.

Some participants continued to have hope about fitting in and forging close connections with Americans. Fadilah expressed, "I like living with these people. The people [may] have negative thoughts. I hope that people change their thinking about [refugees], and change their thinking about helping one another". Hasna felt similarly,

stating, “Some people just don’t accept you for who you are. But for the most part, yes, they are very welcoming.”

Many of the discrimination experiences participants encountered were based on the stereotype that Muslims, refugees, and/or Arabs are dangerous. Fadilah commented, “The people here are afraid of [things]. They are afraid of people wearing the hijab. They are afraid of Iraqis or Arabs. [They think] we love [making] problems.” She added, “people here tend to think that Arabs don’t like stability (in safety)”. Participants could not belong because other Americans were afraid of them due to false information.

Participants felt that part of the difficulty with perceptions of Muslim refugees had to do with media and governmental portrayal. Participants agreed that the government’s actions and portrayal of refugees affected the views of those around them and contributed to the stereotype that they are dangerous. Asim stated explicitly, “Politics they have little hump right now, little up and down, you know what I mean? The problem people listen to the news and the TV more than what they live in reality, you know what I mean?” The participants felt that negative media affects how people react to refugees. “...politics today push the people [to] believe what they believe, you know what I mean? They thought everything everyone coming from the Middle East is bad, is bad guy whatever” (Asim). Participants indicated that the 2016 election of President Trump exacerbated these issues. Fadilah explained, “with the change of the president, there’s been an increase in racism, the people change their perceptions of Arabs, particularly that they always need money, that kind of things.”

Participants also felt that the media portrayal of Muslim refugees had a similar effect on stereotypes and discrimination. Shamshi was upset by the media's portrayal of Muslims:

Like, a lot of people don't know what it is and like a lot of people think they are terrorists then. If you read the news it's like "Oh my God, it's not true." ...we have good people and we have bad people. It's nothing about the religion...

As an effect of the media's portrayal of Muslims, Erasto worried about getting fair treatment from Americans:

I'm a Muslim, and, you know, people feel like, you know they have seen so many bad things about Muslim doing, so, that's one thing they're going to judge up on. If you-- If I do something right now in [university], even if it is accident or it's-- so-- they may gonna interpret something different. Regardless of knowing what happened there. So that is, you know, they say worry. Every Muslim worry about that.

When participants have to worry about others' negative perceptions, they are unable to feel connected to them.

While participants noted that some individuals use religion in the wrong way, they argued that those instances are not generalizable towards all Muslims:

Like if you do something bad for example, there's no way that I can say that all American people are terrorists. No! She did nothing. There's no way you can blame. There's the social media and they do a lot of blaming. There's no way you

can like, if I did something bad, it's only something I did that was bad. Use my name. Do not use it against other people. But like, I feel sad. When someone does something bad, the news says, "these people did this thing or they did that thing."

No, only one person did, not all the Muslim people, right. (Shamshi)

The participants emphasized throughout these interviews that Muslim refugees are as diverse as other United States citizens. Being a Muslim refugee does not reflect the same experience between participants. The participants were disheartened by the stereotypes they encountered and felt they did not belong; however, each participant reflected what 'being American' means and voiced hope in their future.

Goal attainment and looking towards the future.

Participants' goals and goal attainment embodied cherished American values. One value, education, was a common goal achievement. Both Erasto and Asim completed certifications for their current jobs, while Hasna completed her GED and started college, a goal she had from the first months after resettlement. Shamshi discussed when she first did well in school:

I told you; I work really, really hard. Yeah, I remember first time I get B was really good! Because I was getting C and D and yeah, and I stay after school, I ask the professors questions. Yeah. I finished that class A! Without not speaking English, but I understand English.

Education was an important step in resettlement and strengthened participants' sense of belonging to the U.S.

Participants were asked by the researchers what they wanted to do in the future. Again, education was a goal for many. Erasto reported wanting multiple degrees throughout his life. Hasna had a plan for her career path after her education was finished. “That’s what my passion is, to be criminal justice. Federal agent, police. First as a police officer and then, a federal agent.” Asim wished to get his U. S. GED and go to nursing or mechanical school. Education was both a goal and a way for participants to reach career goals. The value of education and work resonates with American culture.

Participants were also focused on helping others. Asim focused on making things better for his family:

I wish to finish my education. Good have an education. I don’t know, I wish I gonna open my own shop. Run my own business, make good money, buy a house, better than an apartment, everyone wish a lot of things in this life but, I’m not gonna go so far so deep in my wish, you know what I mean? So not gonna be, disappointed, about what I did in my life. So far I focus about my, my kids life, their future, what they gonna be. That’s, that’s the main issues is I wish a lot of things, you know what I mean? I wish my education, get, get good job, live in nice house, but so far, I’m satisfied, you know what I mean, no complaints, ask God for everything. Yep.

By making things better for his family, Asim ensured the success of his future family in America. In addition to helping her family, Shamshi’s goal was to become a social worker to help others:

I, I love helping people. Yeah and I when...since I was younger I was wondering what I'd be. Nursing? Then came here and I job shadow, then I went to Altru and I did not like it. I feel like I don't want to do soc-nursing. Yeah then I start, then now I love social work. At job shadow they tell me a lot of information, that's my dream. Yeah I love it.

Shamshi understood the importance of giving back to her community through the educational opportunities she was able to obtain. Erasto also desired to give back to others after receiving opportunities here in the U.S.:

I'm not good at politics. I don't know if I can be a politician, but I'm good at uh, uh just to encourage people... mentor... But then I am expecting to create something that some people may gonna believe it. Even if I don't believe it from it, I'm expecting some people are gonna believe it. All the things I'm gonna do. So. That's my, you know, what makes me more happy about doing it. I very much love when people are benefit from what I do, even if I don't believe it.

Erasto wanted to help others succeed in America as he had. Again, participants demonstrate American values.

Throughout the study, stories of being, doing, becoming, and belonging came together to illustrate life as a Muslim refugee to the United States. Many barriers and occupational imbalances presented challenges to health and wellbeing for participant. Although the participants reported decreased feelings of belonging, one thing is for certain: They embody an American story.

CHAPTER V

CONCLUSION

Occupational Injustice

According to the Occupational Justice definition by Wilcock and Hocking, injustice occurs if there are outside forces that exclude, prevent, or deter individuals from participating in the occupations that they need or want to perform for their health and quality of life (Wilcock and Hocking, 2015). This includes having too much or too little to do, largely influenced by barriers and obligations individuals experience. Each participant in the study discussed various barriers and obligations they face in every aspect of occupation; therefore, the participants experienced occupational injustice.

An American Story Made Un-American: Belonging

This study delved into the lives of Muslim refugees in the U.S. If the participants' values, beliefs, and identities were presented out of the study context, one may believe the study was about non-refugee American citizens in general. These participants' stories mirrored many Americans' ancestral histories, with a hope for a better future and determination to succeed despite difficult circumstances. Participants valued education, family, and hard work; they made goals to improve their life standing and help others. Consistent with other Americans, freedom and safety were reasons to reside in the United States. Despite these similarities in values, identities, and occupations, however, there were times the participants felt they did not belong, due to discrimination, media coverage, and government policy of Middle Eastern, and more specifically, Muslim

culture. Elements that encouraged and helped participants gain a sense of belonging in the United States were establishing friendships and community supports, a strong family presence, and a strong sense of future goal attainment.

Barriers and Supports of Occupation

In addition to belonging in America, this study uncovered barriers and supports in the remaining aspects of the participants' occupations. *Being*, *doing*, and *becoming* were all influenced by barriers and opportunities in the participants' lives.

One such support of occupation was the ability to further one's education, which participants described as a result of resettling in the U.S. For some participants, like Shamshi, education was not available to them in their home country, while others, like Erasto and Hasna, felt they could further their opportunities in the United States through education. Asim and Fadilah felt that opportunity through education would open doors for their children.

Another support of occupation was that overall, America was seen as a safe place to live. Participants reported feeling safe and secure in their current community; a change from their home country, and even from their initial resettlement community. Participants developed new occupations after the change in environment to the United States. Hasna and Shamshi gained an education and employment, which were uncommon for women in their home countries. For many participants, however, their lives became more about stability than safety, and finances became a cause for feelings of instability.

Financial resources required to have a balanced occupational lifestyle were absent

or poor. Participants were forced to leave their possessions when fleeing, thus losing all material wealth previously owned. Education and job experience did not transfer to the U. S., so participants obtained lower-paying jobs in the U. S. Participants who were at college age or younger when resettling were worked into the U.S. education system, which increased English fluency and chances for continued education, thus helping them obtain better jobs after resettling in the United States. Parents with younger children, including Hasna, Fadilah, and Asim, had increased difficulty with finances because they had dependents who were too young to work while simultaneously having to spread income over many individuals. Participants also indicated the financial support they were obligated to provide for members of the extended family, including those who remain behind in the country of origin.

Finances became more complicated when health care became involved. Fadilah and Asim were both worried about obtaining health care, due to cost. Despite the cost of health care, the health care environment was identified as a positive support overall, with participants feeling that they were accommodated for when specific needs relating to their culture or language arose.

Work was a necessity for finances; however, work often became a barrier for other occupations. Asim's situation became a paradox. He would need to work less to obtain an education for employment which would pay better, but he could not afford to take time off for education. As a result, he expected he would work hard the rest of his life to provide for his family. Hasna's work and schooling were ways for her to reach a

better place financially, but she was not able to participate in valued leisure occupations or have enough time with her son due to a busy work schedule. These experiences underline how an overabundance and imbalance of occupation can create occupational injustice, as work excluded participation in other meaningful occupations.

The language barrier is often an inevitable consequence of resettling in another country. Language is an important part of many occupations, including work, school, social participation, and group leisure activities. The participants in this study identified learning English as difficult and identified it as a barrier, although a necessity, to participating in occupations they wanted to do. Throughout the interviews, one can see the effects of the language barrier in Fadilah's life. Fadilah was socially isolated and unable to work or participate in many occupations due to this barrier. The language barrier was one of the reasons Fadilah did not work, was unable to assist her family with a second income, affecting Asim's life as well.

Discrimination was a significant barrier identified, which created an unsupportive atmosphere for participants in their new lives. Many expressed fear, or difficulty participating in occupation due to discrimination. Hasna was unable to work in the job she deserved because of the discrimination and backlash she experienced after she advocated for promotion, which she received. In addition to discrimination from individuals, institutional discrimination created systems that made it difficult for Muslim refugees, and either prevented occupations or made them more difficult to participate in. Asim and Fadilah experienced barriers with Medicaid and social services, which made it

difficult for Asim to feel he could provide for his family or participate in other leisure and rest occupations. These forms of discrimination are a barrier to participating in valued occupations that are important for the health of Muslim refugees.

Being was an element of occupation that was supported by the participants' family ties and identity with Islam. For all but one of the participants, Islam was an important aspect of identity and wellbeing. For the majority of participants, Islam was a way of life, with the Qur'ān as a guide to health and happiness. Participants felt they were generally able to participate in Islamic practice. Participants were able to continue traditions and prayer while living in America, although there were admitted obstacles to prayer times, places to pray and to access Islamic goods such as halal food and traditional dress. The New Americans melded their identity of being Muslim into their American identity, which goes against the idea that Islam and American values aren't compatible. This group of participants showed that one can retain tradition and religious values while resettling and becoming a part of the vastly different cultural backdrop of the United States.

It is apparent that there were many barriers to *doing* and *becoming*, as there were difficulties completing occupations that were valued and/or an important part of resettlement, such as education, work, and daily aspects of Islam. The participants' sense of *being* within occupations was most affected in their Muslim identity. While the majority of participants were able to continue Muslim traditions, they were unable to express this identity through prayer, food, and dress as completely as they did before

resettlement. While the aspects of occupation, being, doing, and becoming were supported in many ways, the participants experienced occupational injustice in all aspects of occupation through barriers to, deterrents of, and imbalance in participation.

Risk of Mental Health Issues

The occupational injustices described above created a high level of stress for the participants. When these stressors are added to the inability to participate in valued occupations, a lack of belonging, and difficulty expressing their identity, these participants are at risk for mental health issues.

Although none of the participants reported having had mental illness or requiring help from a mental health professional, the problems they faced are considered risk factors for mental illness and poor mental health. The risk factors identified in this study include low economic status, racism, low availability of Islamic resources, difficulty participating in valued occupations, limited sense of control over life circumstances, and decreased social support. Asim and Fadilah were affected by the most extensive circumstances, and one can see the difference it has made on their outlook on the situation. Asim stated that he felt like a “machine” and Fadilah felt that “life is hard”.

The issue of mental health is more complicated when we consider the level of access to mental health services for this population. Fadilah would require an Iraqi dialect of Arabic interpreter to explain her circumstances, creating concerns with confidentiality, and would not be able to pay out of pocket if necessary. Asim and Hasna would have difficulty finding time in their day to see a care provider. If mental health issues were to

arise, there would be a strong chance that they would not be addressed deeply enough to ensure success.

Limitations

While Hasna came from a Muslim background, upon entering the United States she separated herself from that background and did not identify as Muslim at the time of interviewing. During his second interview, Erasto was found not to fall under the category of refugee under the UNHCR UN Refugee Agency guidelines, because he was sponsored by his stepfather to come from Somalia to the United States. Another limitation was that due to time constraints, only five participants were recruited as a part of this study; a greater number of participants would have strengthened the study and provided more evidence to the themes identified.

As discussed in the review of literature, the Islamic world is diverse and encompasses many countries. In this study however, of the five participants, three were Iraqi and two were Somali. These participants also lived in the same city and were exposed to the same environmental factors; two participants were living in the same household. In addition to the lack of diversity amongst the participants, most participants spoke English well enough to complete an interview in English, however this was not their first language and feelings may not have been expressed as clearly as if the interviews were conducted in the participants' primary language. This factor may also have eliminated the opinions of Muslim refugees who do not have a strong understanding of the English language, resulting in a lack of differing, unique opinions. The final

limitation is that one of the participants knew a researcher, however this participant interviewed with the second researcher to reduce bias.

Future Considerations

In the future, it will be important to continue research on Muslim refugee populations. There is an extensive gap in the literature on Muslim refugee populations and their experiences with occupational justice in the United States. Specific ethnic groups within the Muslim refugee population should be examined independently, as each ethnicity has its own culture and identity and may have differing experiences in the U. S. In addition, a comparison of rural versus urban resettlement is critical to understand the effect that the amount of resources and social support have on the resettlement experience. Future studies can help to inform the U. S. government and assistance programs to ease the resettlement process and to increase success in refugee integration.

Our study uncovered ideas for improving resettlement in a rural, Midwestern city, which included the importance of institutional structures that support refugees for resettlement. Participants felt the structures that were in place were helpful overall, however they agreed that more were needed. Ideas for assistance include job training, educational access, and assistance in learning English. Job training may assist refugees in obtaining employment upon arrival in the U.S., and increase the overall skill set of refugee workers. Easing access for refugees to obtain higher education or to transfer their previous education into one that is acceptable in the U. S. will have a positive effect on the job market and will help refugees find higher-paying jobs to support their families.

English is a major barrier for refugees resettling, and although there are some language classes available, participants indicated these classes are inadequate and should be more readily available. There are also barriers to participating in these classes, including language ability coming into the class and transportation to get there.

Lastly, it will be important for the U.S. Government and the media to consider how their words and actions affect the New Americans that were refugees from Islamic countries. Discrimination was a significant factor brought up by participants during this study. From the participants' perspectives, how the media and government framed the narrative about Muslim refugees had a direct effect on the discrimination they were experiencing. Given this feeling of negativity, we as healthcare workers, media consumers, and participants in the democratic process need to help paint a more positive view of Muslim refugees to help them in their resettlement process in the United States, and their journey to a healthy, happy, and fulfilling life.

APPENDIX A

THE UNIVERSITY OF NORTH DAKOTA CONSENT TO PARTICIPATE IN RESEARCH

TITLE: *Occupational Justice Concerns of Muslim
Refugees in the
U.S.*

PROJECT DIRECTOR: *Emily Adams, OTS and Megan Peterson, OTS*

PHONE # *763-258-4550 and 218-779-2160*

DEPARTMENT: *Occupational Therapy*

STATEMENT OF RESEARCH

A person who is to participate in the research must give his or her informed consent to such participation. This consent must be based on an understanding of the nature and risks of the research. This document provides information that is important for this understanding. Research projects include only subjects who choose to take part. Please take your time in making your decision as to whether to participate. If you have questions at any time, please ask.

WHAT IS THE PURPOSE OF THIS STUDY?

You are invited to be in a research study about your experiences resettling in the United States.

The purpose of this research study is to identify your ability to do daily activities that are meaningful or are important for your health. The study will also identify how connected you feel to communities and cultures. In addition, it will address your future goals.

HOW MANY PEOPLE WILL PARTICIPATE?

Approximately 6 people will take part in this study through the University of North Dakota.

HOW LONG WILL I BE IN THIS STUDY?

You will need to participate in an interview two times. Each visit will take about one hour and thirty minutes.

WHAT WILL HAPPEN DURING THIS STUDY?

If requested, you may have access to an interpreter provided by Global Friends during the interview, who has signed a confidentiality agreement. You will have an interview with one of the researchers. The researcher will ask you questions in English. The interpreter will be there to clarify and to translate if needed. You can refuse to answer any questions that you do not want to answer. You can also withdraw the study at any time.

WHAT ARE THE RISKS OF THE STUDY?

There may be some emotional risk from being in this study. Because the interviews are about resettlement in the U.S., you may experience strong emotions or remember unpleasant memories about your experiences during the discussion. You will not be in financial or physical risk during the study. Your information will be kept confidential and your name will not be used to report the study findings.

In the event that a referral is needed for emotional support, you are encouraged to contact your medical providers at your own personal expense. You may stop participation at any time or choose not to answer a question if you are uncomfortable.

WHAT ARE THE BENEFITS OF THIS STUDY?

You may not benefit personally from being in this study. However, we hope that, in the future, other people might benefit from this study because it will inform health care professionals and government agencies about working with diverse patients in a fair and culturally sensitive manner.

ALTERNATIVES TO PARTICIPATING IN THIS STUDY

There are no alternatives to participating in this study. You are not required to participate and can leave the study at any time.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study apart from getting to and from the Adult Learning Center.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study

WHO IS FUNDING THE STUDY?

The University of North Dakota and the research team are receiving no payments from other agencies, organizations, or companies to conduct this research study.

CONFIDENTIALITY

The records of this study will be kept private to the extent permitted by law. In any report about this study that might be published, you will not be personally identified. Your study record may be reviewed by Government agencies and the University of North Dakota Institutional Review Board.

Any information that is obtained in this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court or to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else. Confidentiality will be maintained by referring to you by a pseudonym, or a different name. The interviews will be recorded. You can review your interviews if you desire. The recordings will be kept on the computers of the researchers until the data has been transcribed. All the data will be sent to our graduate advisor, who will keep the files in a locked file cabinet for three years. After three years, the data will be shredded and the recordings deleted. Only the researchers, interpreters, and the advisor will have access to the data.

If we write a report or article about this study, we will describe the study results in a summarized manner so that you cannot be identified.

IS THIS STUDY VOLUNTARY?

Your participation is voluntary. You may choose not to participate or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your current or future relations with the University of North Dakota.

If you decide to leave the study early, we ask that you give us notice so that we can find another participant.

CONTACTS AND QUESTIONS?

The researchers conducting this study are Emily Adams and Megan Peterson. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Emily Adams and Megan Peterson at 763-258-4550 or 218-779-2160 between 3:00 and 7:00 pm. Email addresses are emily.r.adams@und.edu

and megan.k.peterson@und.edu. Our graduate advisor is Professor Breann Lamborn, who can be reached at 307-277-5949 or breann.lamborn@med.und.edu.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or UND.irb@research.UND.edu.

- You may also call this number about any problems, complaints, or concerns you have about this research study.
- You may also call this number if you cannot reach research staff, or you wish to talk with someone who is independent of the research team.
- General information about being a research subject can be found by clicking “Information for Research Participants” on the web site:
<http://und.edu/research/resources/human-subjects/research-participants.cfm>

***[If applicable]* I give consent to be audio recorded during this study.**

Please initial: ☐ Yes ☐ No

***[If applicable]* I give consent for my quotes to be used in the research; however I will not be identified.**

Please initial: ☐ Yes ☐ No

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: _____

Signature of Subject

Date

I have discussed the above points with the subject or, where appropriate, with the subject’s legally authorized representative.

Signature of Person Who Obtained Consent

Date

APPENDIX B

Interview 1:

1. Tell me about yourself.
 - a. How do you identify yourself in the U.S.? (refugee, immigrant, New American, etc.)
 - b. Where were you born?
 - c. Tell me about your family.
 - i. Do they live in the U.S. also?
 - d. Who is important in your life?
2. How long have you lived in the U.S.?
3. Have you lived in more than one location since coming to the U.S.?
4. Tell me about your home.
 - a. Is it similar to homes you have lived in before?
 - b. Are there aspects of your home that you wish were different?
5. How has your physical environment changed since moving to the U.S.?
6. Are you currently employed?
 - a. Where? For how long?
 - b. Do you enjoy this work?
 - c. What help did you have finding this job, if any?
 - d. How much of your skills are being used at your job?
7. What level of education have you had?
 - a. Where did you get your education?
8. What do you enjoy doing?
9. What are your usual activities?
10. Have your usual activities changed since you have come to the U.S.?
 - a. What did you used to do that you don't do anymore?
11. Are there any activities that you'd like to learn or start up again?
12. Tell me about a typical day in your life.
13. How has your daily life changed since coming to the U.S.?
14. Is there any change in your routine since coming to the U.S. that you like/dislike?
15. What are important responsibilities you have?
 - a. Has this changed from your responsibilities before coming to the U.S.?
16. How do you travel around the community? Does this make traveling difficult?
17. Are there services that you have trouble accessing?
18. How did you feel about moving to the U.S.?
 - a. How did you feel once you arrived?
 - b. What do you like about living in the U.S.?
19. How connected do you feel to your community?
 - a. What affects this connection?
 - b. How connected do you feel to the U.S. as a whole?
20. What do you think is the biggest challenge living in the U.S.?
21. Comment on the following statements:

- a. I feel welcomed by my community
 - b. I feel safe in my community
 - c. America is a good place to live.
 - d. I have access to adequate resources in my community.
 - e. I understand health care workers when they are explaining something to me.
 - f. New Americans are discriminated against.
 - g. I face discrimination.
22. What would be your recommendations to the U.S. to improve the resettlement process?
 23. People think that New Americans get too much help when they come over. What do you think about that?
 24. What advice would you give to a New American who was coming to the U.S. from your home country?
 25. What do you miss most about your home country?
 26. What support systems do you have here?
 27. Do you have people you feel connected to in your community?
 28. Who has helped you settle in your new home?

Interview 2:

1. Tell me about your values.
 - a. What is important to you?
2. What traditions and practices does your family have?
3. How important is Islam in your life?
4. Tell me about your prayer and worship schedule.
5. Where do you go to worship?
6. Has anything changed about your prayer or worship since coming to the U.S.?
 - a. What changed? What caused the changes?
7. How easily can you access Halal meats and other needs associated with your religion?
8. Tell me about your feelings regarding traditional Muslim dress.
 - a. How is your experience wearing traditional dress different in the United States compared to where you lived before?
9. What do you do to relax?
10. What is your sleep schedule like?
11. What causes you distress?
12. Have you recently experienced boredom?
 - a. What do you do when this happens?
13. Where do you have control in your life?
14. What are reasons you can't do some of the things you want to do?
15. Have you experienced any discrimination since coming to the U.S.?
 - a. Has this affected your daily life?
16. What do you do to heal when you are grieving or angry?
 - a. What kinds of things cause you to feel sad or angry?

17. How would you feel about returning to your home country?
18. People are saying that New Americans cost the government a lot of money. What do you think about that?
19. What would you like to see from your healthcare workers?
20. Comment on the following:
 - a. My health care workers respect my culture in treatment.
 - b. My health care workers incorporate my culture.
21. How do you like to learn? (give examples if needed)
22. Tell me about your experience learning English.
23. What do you do to express yourself?
24. What do you like to create?
25. What would you like to do in the future?

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